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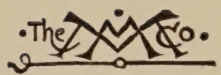
CATHOLIC MEDICAL MISSIONS



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The Medical Mission committee appointed by the Catholic Hospital Association in June, 1922. (Left to right) Reverend Michael Mathis, C.S.C., Reverend Bruno Hagspiel, S.V.D., Reverend Frank A. Thill, Right Reverend Joseph J. McGlinchey, D.D., Paluel J. Flagg, M.D. (chairman), Very Reverend Thomas Neuschwanger, R.M.M., Mr. Floyd Keeler.

CATHOLIC MEDICAL MISSIONS

EDITED AND COMPILED BY
FLOYD KEELER

WITH PREFACE BY
THE REV. R. H. TIERNEY, S.J.

FOR THE SPECIAL LIBRARY OF NEW YORK

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Set up and printed.
Published January, 1925.

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November, 1924.

ARCHBISHOP'S HOUSE
452 MADISON AVE.
NEW YORK

November 29, 1924.

Dr. Paluel J. Flagg, Chairman,
Medical Mission Board,
410 East 57th Street,
New York City.

My dear Dr. Flagg:-

I have your note of appreciation of November 20th, and I am very pleased to know that you carried away with you such encouragement and inspiration from our interview on November 14th.

I am writing now so that you may have in a more formal manner my hearty approval of the work you are organizing. I trust that our Catholic hospitals in New York will do all that they can to foster the plan of the Medical Mission Work.

Praying for you and your work every blessing, I am,

Faithfully yours in Christ,

P. Card. Hayes

ARCHBISHOP OF NEW YORK.

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PREFACE

PREFACE

The Church, true to her divine mission of saving the souls of men, leaves no legitimate means untried to accomplish the purpose which Christ had in view when He founded the Perfect Society of which the Holy Ghost is the soul. Faithful to the spirit of the Master, this Society has always striven to impress upon her children, especially those who serve her in the capacity of ministers, whether they be priests, Brothers or Sisters, the fact that their lives are dedicated in a special way to the service of others; to those in sorrow that they may be comforted, to those laboring under the burden of poverty that they may not be overcome by their tribulations, to those who are sick that they may get well again, to all upon whom God, for one reason or another, has laid a heavy hand, that it may please Him to allow the sunshine of life to bless them once again with its joyous rays.

This is the reason why, from the very beginning of the Church's existence, so much care and labor have been lavished upon the less fortunate children of God. When the early Christians emerged from the darkness of the catacombs to the full

light of day, they went about not only preaching to a sin-laden world the glad tidings of the risen Christ, but, in imitation of their Master, they also practiced in a very marked degree the corporal works of mercy. Under the influence of the Gospel these works flourished exceedingly. Christ's mantle had fallen upon worthy shoulders. Thus, for instance, St. Lawrence, bidden to bring the Church's treasure to the wretched tyrant who sat in judgment upon him, brought him the old and the crippled, the maimed and the diseased. Later on, in more tranquil times, the Benedictines wrote their name across the heavens in letters of gold, both by performing purely spiritual works, and by engaging themselves in temporal works of mercy also. They instructed the ignorant, they nursed and consoled the dying, thus winning to God innumerable souls that else would have been lost. And after these great pioneers of Christian civilization, came, in successive generations, armies of priests, Brothers and Sisters, who gave all that they had and were, themselves, to the cause of charity by administrating to those who were afflicted. As followers of Christ they could scarcely have done otherwise, for corporal works of mercy are an integral part of the Gospel. The Master himself not only taught them, but was sedulous in the practice of them. "And Jesus went through all the towns and villages, teaching in the synagogue and preaching the Gospel of the king-

dom and *healing all disease and infirmities.*" What, too, did the Lord answer to the Precursor who asked if He were the Messiah? He did not expound lofty doctrine; He simply bade the messenger return and tell John what he had heard and seen. "The blind see, the lame walk, the lepers are cleansed, the deaf hear." Indeed, so insistent is the Christ on inculcating works of mercy that He set them down as a special mark of the elect, while lack of them is noted as characteristic of those who had failed of supreme happiness, which is God.

Then shall the King say to them that shall be on His right hand: "Come, ye blessed of my Father, possess you the kingdom prepared for you from the foundation of the world. For I was hungry, and you gave me to eat; I was thirsty, and you gave me to drink; I was a stranger, and you took me in; naked and you covered me, sick and you visited me: I was in prison, and you came to see me." Then shall the just answer Him, saying: "Lord, when did we see Thee hungry, and fed Thee; thirsty and gave Thee to drink? And when did we see Thee a stranger, and took Thee in? Or naked, and covered Thee? Or when did we see Thee sick or in prison, and came to Thee?" And the King, answering, shall say to them: "Amen, I say to you, as long as you did it to one of these my least brethren, you did it to me." Then He shall say to them also that shall be on His

left hand: "Depart from me, you cursed, into everlasting fire which was prepared for the devils and his angels. For I was hungry, and you gave me not to eat: I was thirsty, and you gave me not to drink. I was a stranger, and you took me not in; naked, and you covered me not; sick and in prison, and you did not visit me." Then they shall also answer Him, saying: "Lord, when did we see Thee hungry, or thirsty, or a stranger, or naked, or sick, or in prison, and did not minister to Thee?" Then He shall answer them, saying: "Amen, I say to you, as long as you did it not to one of these least, neither did you do it to me. And these shall go into everlasting punishment: but the just, into life everlasting."

In the light of all this, it is clear beyond peradventure why the Church is so insistent on charity. If by any impossibility she did not preach this virtue and exemplify it also, she would not be true to the mission committed to her by her Divine Founder. But, thank God, she both preaches and exemplifies Christ's spirit, and as the result of her doctrine and practice, she has always given to the world men and women of exemplified heroism. In more recent times, for instance, there was St. Vincent de Paul, who set Paris afire with the flame of his virtue and then proceeded to consume the world with the fire of His charity. More recently still, there were the most excellent Father Conrady and Brother Dut-

ton, who spent their lives among the lepers of Molokai. Shortly before his death, the former betrayed the secret of his life in a letter to the present writer. "I am doing it for Christ," he wrote, and he died "doing it for Christ"—a martyr to his work.

And so the story runs throughout the whole world. What is said of others might just as well be said of the Sisters of Charity laboring not only without compensation, but without notice, in the Lazaretto in Indian village, Herville Parish, La.; in the leper asylum of Curacao; and in a thousand other places scattered over the face of the earth; in China, Japan, Korea, Africa, and the Islands of the Sea where the dispensary, leper asylum and hospital stand in silent rebuke to the selfishness of the people engrossed in the pleasures of the flesh. And in all these institutions labor-strong men and gentle women of many races and colors have given their lives to Christ by nursing the sick and suffering members of the race for which He breathed out His life on Calvary, a crushed and broken reed. And for a time these institutions of mercy were progressing fairly well. Then came the World War with its horrible cruelties, not the least of which were the expulsion of priests and Sisters from already depleted mission fields, and the stoppage of aid. For a while, the prospect was dark, indeed, but God's arm is never shortened, at least, for long.

In His goodness, He inspired a New York physician with zeal for His Father's House, and, as usual, in times of crises, that zeal was kindled in apparently a most casual way, and took the most practical of all forms, a Catholic Medical Mission Propaganda. Dr. Paluel J. Flagg, the apostle of hospitals in mission fields, had suffered a great bereavement, and one day while in search of a sandal-wood crucifix, the Angel of Grace led him from the Society of the Propagation of the Faith, Boston, to the newly established Catholic Foreign Mission of America, at Maryknoll, Ossining-on-Hudson. There, for the first time, he was brought to realize the need of proper medical knowledge for those who are to devote themselves to work in pagan lands. A strong conviction is always the first step to a great endeavor. Dr. Flagg now had the conviction and the great work followed. He immediately began to give courses in "first aid" to prospective missioners. But so small a work did not satisfy his zeal, and in April, 1913, he went to South America. En route, he stopped at Porto Rico, saw the late Bishop Jones, and aroused his interest in medical missionary work. Later he called at Curacao in the Dutch West Indies, where there is a large leper asylum, and in the fall of 1913 he was back at Maryknoll to continue his work under the kindly eye and kindlier direction of the Very Rev. James A. Walsh, founder of the Foreign Mission Society

A Maryknoll Dispensary at Tungchen.

of America. But the doctor had apparently learned the spiritual adage of the monks of early days: "Not to go on is to go back." Be that as it may, he went on. He got in touch with missionary bishops throughout the world, offered prizes for the best essay on the subject nearest his heart, the "Catholic Medical Missioner." He attended the American Medical Association Convention held in Atlantic City, in June, 1914, but, unfortunately, found little encouragement and comfort there.

About this time, late spring, 1914, Dr. Flagg, cherishing ever-increasing hope for the success of his work, changed the name of the society he had founded to Catholic Medical Mission Society, and immediately thereafter explained his design to the Rev. Paul James Francis, S.A., the founder of Graymoor-on-Hudson. This zealous Father, ever ready to help any good cause, invited Dr. Flagg to make use of the "Lamp," a monthly magazine, for the purpose of making his work better known to the world. Maryknoll, meanwhile, continued to benefit by the medical instructions given to prospective missioners. From that day forward, the success of the work seemed assured. A woman physician, Dr. M. Lamont, recently converted to the Faith, volunteered to go back to China, where she had already practiced medicine amongst the natives. Father Walsh of Maryknoll, who throughout the years has been a tower of strength to Dr. Flagg, sponsored the cause, and Father Paul

James furthered it through his magazine, with the result that Dr. Rouchel, of Grogan, N. Y., paid Dr. Lamont's passage to China and supplied her with a small sum for maintenance.

Just at this time, when the Society was beginning to see light, Dr. Flagg heard of the Catholic Hospital Association recently founded in Milwaukee. A letter which he had received from Dr. Hopkins of Aruba, near Curacao in the West Indies, was forwarded in turn to Dr. Bell, editor of "Modern Hospital," and the latter, in answering Dr. Flagg, announced the formation of the "Catholic Hospital Association." This was like news from Heaven: it gave new inspiration to Dr. Flagg and opened a new vista to the zealous man who had been carrying on an even fight. He took the very first opportunity afforded to meet the Reverend C. B. Moulinier, founder of the Catholic Hospital Association of the United States and Canada, and in his persuasive way explained to the Father his hopes and his plans. The immediate result was a visit to Maryknoll-on-Hudson, where Father Walsh completed the work auspiciously begun by Dr. Flagg. Father Moulinier became an enthusiastic convert to the cause and has since made a practice of dedicating a section of his excellent magazine, "Hospital Progress," to the medical work done by the missions, pleading, meanwhile, for the extension and stabilization of this labor of love.

Following Father Moulinier came Mr. Floyd Keeler, the ardent and scholarly convert from the Episcopal ministry. With characteristic energy and insight into the possibilities of the association, Mr. Keeler succeeded not only in interesting the Catholic Students' Mission Crusade in the medical movement that means so much for the Church, but also put the founder into touch with the distinguished missioner, the Rev. Michael Mathis, C.S.C. A conference of those interested was called to convene at the Catholic University, Washington, D. C., June 23, 1922. Some fifty were present; members of the secular clergy, representatives of religious orders and congregations of various kinds, including the Sisterhoods, and a number of medical doctors. South Africa, India, Arizona, Boston and the Middle West were each represented by a distinguished speaker, pleading the cause so dear to the hearts of all who were present. An idea of the work can best be had from the topics discussed, which included such subjects as the necessity of placing doctors and nurses in the mission field, the desirability of falling in with the idea of Dr. Lamont—that a society known as "Alma Redemptoris Mater" be formed—the methods of raising money for the support of doctors and nurses in the mission field, and the advisability of permanent committees for special work. The day following the conference papers were read at the opening meet-

ing of the Catholic Hospital Association by Mr. Keeler and Dr. Flagg. Then it was put to a vote and carried, after some discussion, that Dr. Flagg's request that a committee to make a survey of the Medical Mission field, and to confer with the heads of the missionary societies regarding the findings, be appointed. Some time after the meeting, Father Moulinier appointed this committee, which consisted of Dr. Flagg, as chairman, Monsignor McGlinchey, Father Hagspiel, Father Mathis, Father Thill, Father Thomas Neuschwanger, and Mr. Keeler. Monsignor McGlinchey shortly set sail for the Far East: China, Japan, Korea- Indo-China, the Straits Settlements, Ceylon and India, in search of knowledge that might prove of value to the committee. Father Mathis, also, set off for India about this time. Father Thomas was back in the United States after twenty years spent in the African missions. Father Hagspiel had recently returned from the Far East, after a visit of eighteen months.

At a conference of the Catholic Hospital Association held at Spring Bank, Wis., June 23, 1923, a preliminary report of the medical mission committee was submitted by the chairman. It was impossible at this time to make a full report because several members of the committee were still en route from the Far East. Immediately after this report, there followed an invitation from the ever generous and zealous Sisters of Charity

Font Hill Castle, College of Mount Saint Vincent, where the Medical Mission Committee was entertained in September, 1923.

of New York, who suggested that the conference be held at the College of Mt. St. Vincent, Mt. St. Vincent-on-Hudson, New York. The invitation was promptly accepted and the full committee finally met in Font Hill Castle at the Mount, September 1, 1923. In order to save time and to allow members to come to the meetings prepared for discussion, surveys of China, Japan and Africa and Protestant medical missions therein had been prepared two weeks in advance and distributed to the conferees. Ten hours of fruitful conversation followed, with the result that the American Catholic Medical Mission Apostolate was stabilized. The aim of the work was stated by them in the clearest possible way. The Committee is to bend every effort to organize home and foreign missions, *medically,* to promote medical agencies for this work, and to provide further facilities for these agencies.

The Committee has accomplished a survey of the missions. It has followed out, as far as is practicable, the original plan of action. It now proposes to educate Catholic hospitals and medical schools in the medical problem of the missions.

The scope of a preface such as I have been called upon to write precludes any detailed account of the book to which it is prefixed, but it is not out of place to plead with the Catholic readers to give more than a cursory attention to this volume. The story of the work already done in the far corners

of the earth among pagan and, oftentimes, savage people, by gentle women, many of high birth, will provoke admiration for them, and love for the zeal that prompts these ladies, whether Sisters or lay folk, to leave the comforts of civilization and give themselves to God in jungle and forest.

R. H. Tierney, S.J.

"America," April, 1924.

FOREWORD

FOREWORD

It is not expected that this work should be considered as exhaustive in any sense; it is largely the working up of material presented at meetings of the Medical Mission Board of the Catholic Hospital Association of the United States and Canada so that it might have a wider appeal and start Catholic physicians, nurses, hospital Sisters, and lay people thinking along the line of medical missions.

The editor is most conscious of his limitations in making this presentment of material and any faults therein are his alone. He could not, by himself, have drawn up the accurate and enlightening accounts given in this work, but has relied on the excellent surveys made by members of the Board from first-hand experience. The work of Monsignor McGlinchey, into which Father Hagspiel's report of allied fields has been incorporated, that of Doctor Mathis and of Father Thomas have been given almost without change. For the other matter the editor has undertaken to select and to present what seemed to him the meaning of the discussions and their value for general use. If he shall have aroused an interest in this great

cause he will not consider that he has worked in vain.

It seems to the editor a matter of happy coincidence that his final work of compilation has come to an end on the Feast of St. Camillus de Lellis, the founder of an order of men for the care of the sick, the first ones to use the now universal symbol of the Red Cross. May his intercessions assist us in this undertaking!

Maryknoll Preparatory College,
Clarks Summit, Pennsylvania,
July 18, 1924.

CATHOLIC MEDICAL MISSIONS

CATHOLIC MEDICAL MISSIONS

CHAPTER I

THE SANCTION AND THE PURPOSE

When any cause sets out to gain the ear of Catholic people, to present itself to them as a purpose worthy of their consideration, and to offer itself for incorporation into their scheme of things, it should be able to show that it is consonant with the teachings of their Faith, that it is calculated to promote human good, and, if possible, that it has the express commendation of Divine or ecclesiastical authority. High as this standard is, the subject which is here being introduced can measure up to it, and it therefore approaches the faithful with no trepidation. Its confidence is born of its rights, and of the fact that in all ages and in all places Catholics have never failed a good cause. And the cause of Catholic Medical Missions is the cause of the Catholic Church itself.

Except that it may serve as a starting point one would hardly need repeat the truism that the Church is the normally appointed means of sal-

vation for all mankind, that none are outside its loving solicitude and that no legitimate methods are excluded in its quest for souls. But man is not a purely spiritual being, he has a body as well as a soul, and it is a fact that he will the more readily respond to a spiritual appeal if his bodily sufferings have been relieved by the same agency which is calling him to a consideration of higher things. So it was because our Lord ordained that His apostles should show as signs of their right to guide men's souls, that they exhibited an ability to make the deaf hear, the blind see, and the sick to be made whole.

Our Lord Himself frequently commended His own mission by miracles of healing, and His apostles did the same. Throughout the history of the Church as recorded in the New Testament they continued to cure those afflicted with bodily ills by calling on the name of the Lord Jesus and bidding them be well, and ecclesiastical history ever since that time has been full of wondrous happenings of this sort. Lourdes and its cures, the benefits wrought upon the sick at Ste. Anne de Beaupre, are standing examples of the fact that the Lord's hand is not shortened and that when faith in the recipient coöperates with His will for cure, it can be and is accomplished thus by Him. No Catholic would postulate otherwise. But it is also true that miraculous healing is to be expected only where there is some good reason for

it. God does not multiply miracles and it is through the laws of nature mediated through the knowledge of man that most of His works are

Brother Rudolph, S.V.D., performing an operation in his temporary hospital in Yenchowfu, Shantung, China.

done. Just as He has left the evangelization of the world to men and not given it to angels, and as He has made the reception of grace normally dependent upon the sacraments administered by

men, so He has ordained that in general the alleviation of physical suffering and the curing of disease should be accomplished by purely natural means.

It would be quite possible for the Church to require that her priests do this work, and that they be everywhere educated in medicine, but since they have already an over-burdened curriculum of studies absolutely essential to their office, she has seen fit, not only not to require this of them, but to forbid those in Holy Orders to practice medicine or surgery except under rigid restrictions and where justified by extraordinary conditions. Normally she expects that the healing arts shall be in the hands of those who have made a specialty of them. Hence the medical man or woman (physician or nurse) is given a definite place in the Church's scheme of things, and the Church's commission to all men everywhere is not complete unless it includes all that is required to make her ministrations to the *whole man* as perfect as possible. The realization of this principle is the reason for Catholic Medical Missions.

Strange to say, the truth that man needs assistance in mind and body as well as in soul seems to have been more clearly brought out in practice in Protestant missions than by our own. Among them the medical missionary is given a place of prominence; with us he has been hitherto a negligible quantity. Dr. Margaret Lamont, a convert

medical missionary, whose years of service and whose careful study and investigation of all matters concerning medical missions gives her a right to be heard, says that the difference is well expressed in the terms ordinarily used—the Protestant speaking of the "medical missionary"—the Catholic of the "mission doctor." The one is looked upon as a real missionary—one called to aid the salvation of souls through the exercise of his professional skill, the other as a mere lay member of a mission staff, one engaged as any other efficient laborer is engaged, to render a certain service for a stipulated remuneration. This is not the place to discuss how this difference came to be, but it is the place to insist that in our American Catholic missions at least, there is a disposition to look upon the representatives of medicine as real missionaries in every sense of the word, and to accord them their rightful place among the mission forces. So in making a response to the appeal which will be here set forth, our young men and women who have chosen to serve God in the profession of medicine will be making their offering just as really as though they were priests, Brothers or Sisters in the mission field. Yet there will always be a distinction, one which is essential to the Catholic viewpoint, but which Protestantism has sometimes confused. Dr. Paluel J. Flagg has well expressed it by saying:

"In Protestant activities the hospital often

comes first. The mission forms about the hospital. The medical preacher, the ordained Doctor of Medicine, is a more valuable man than either the preacher or the doctor who has no double qualification.

"Catholic medical missionaries have never confused their objective; they have never allowed humanitarianism to displace or to occupy an equal position with the work of conversion. As a consequence, the Catholic Medical Mission will never assume the importance in Catholic Mission work which Protestant Medical Missioners have occupied in Protestant activities.

"This proper relegation to a position of secondary importance has until recently caused the value of medicine as an arm of the mission activity to be quite under-valued and obscured.

"The need for the medical protection of our own missioners, however, and the obvious value of hospitals and dispensaries as avenues of contact, has finally brought out the absolute and the urgent necessity of Catholic Medical Mission work."

This then is the sanction and the purpose to which we are inviting the attention of the Catholic public, and especially of those who have felt the call to the exercise of Christian charity in the practice of the healing arts.

CHAPTER II

THE NEED IN GENERAL

Try to picture the missionary in the field. In some cases he is situated in a city or a large town where he has many of the comforts and conveniences of home, but more often than not he is in a small village or a country district, and at all events he is in the midst of unaccustomed surroundings and among a people whose modes of life and even modes of thought differ widely from our own. Even a great city in many parts of the world, particularly in the Orient, means but a teeming multitude of those whose lives seem to touch ours in few places, the city rendering the "foreigner" more lonely than in the country, where at least the works of God in nature bear some resemblance to those things left behind him in his native land. This strangeness is no small part of the burden of the missionary, but he endures it for the goal that is set before him. Our part is to assist him in his various needs so as to lighten his cares if we can, and it is just here that the medical missionary can be of invaluable service. His work is by no means confined to this function, but it is one well worth while and Cath-

olic doctors and nurses might well consider it as a sufficient reason for volunteering to give themselves to such a career. On this point I would quote the words of one who is eminently qualified to know from first-hand experience the needs of the work. I refer to the Reverend Bruno Hagspiel, S.V.D., who says: "Never, before my visits in the Orient, did I realize the utter isolation, the utter helplessness of the missionary when his time of physical need comes upon him. I am positively sure that hundreds of our missionaries would be alive to-day if it had only been possible for them to have had recourse to ordinary and efficient medical service."

To which one may add this instance, recounted by the Reverend Thomas Neuschwanger, R.M.M., a former missionary in South Africa:

"Father Hagspiel is correct when he says that he is positively sure that hundreds of our missionaries would be alive to-day if it had only been possible for them to have had recourse to ordinary and efficient medical service. We had an instance of that lately in Rhodesia. Father Ignatius was stricken with a fever. In his agony of death he dragged himself to the Church, administered to himself the Viaticum, returned to his hut and died. Ordinary and efficient medical aid might have saved his life."

Can you picture a greater joy than to be able to prevent the recurrence of such scenes? Another

comes closer home to us Americans. The Superior of the first band of missionaries sent out by the Catholic Foreign Mission Society of America (Maryknoll) was a saintly priest, past middle age, who had labored faithfully for many years in our own Southland, but who had felt the call to the field afar and had become a co-founder of the society to which he was attached. The Reverend Thomas F. Price went to China, filled with a zeal which had never grown cold, endowed with the wisdom that years of experience alone can give, and in every way seemed likely to be able to guide the new work wisely and well for many years. The change of climate, the unaccustomed food, the poor sanitary conditions, the lack of adequate medical facilities, all conspired to impair his health. So when an attack of acute appendicitis brought him low and a trip of *four days in the hot sun* was necessary to get him to a surgeon, it is small wonder that the infant mission was soon bereft of its "Father." Think of the untold agonies he must have endured during this last journey, huddled aboard a Chinese junk—none too pleasant to the robust and healthy—suffering at every roll and pitch of the craft, and knowing that no matter how much sicker he became no relief was at hand. God did allow him to get to the hospital and have the operation performed, but how could he have been expected to recover? Yet, anyone with surgical knowledge and even mod-

erate equipment could have (humanly speaking) saved that precious life and prolonged his years of usefulness here. These are but two specific in-

Father Sweeney (left) and Brother John with their native helpers now at work in the mission field.

stances, occurrences which could be duplicated with even more pitiable details almost everywhere in the mission field. Hence, from the point of

view of merely caring for our own, the charity that should be exercised towards those who have gone in our stead, as it were, to bring the light of Christ to those who lie in darkness and in the shadow of death, medical practitioners as part of the working forces on the missions are amply justified.

But it is when we consider the need in a higher and altruistic sense that its real urgency is seen. There is the pagan himself to win to Christ. This is the whole purpose of the missions, whether they be conducted by direct evangelizing, preaching to the people and instructing them in doctrine, or by schools in which religion, lived by the teachers and imparted by example as well as by precept, stands forth, presenting its own credentials; or whether it is through the Holy Childhood saving the children who are so wantonly sacrificed in heathen lands, and who, being rescued, learn to love the religion that has so tenderly cared for them. So likewise it is the purpose of the medical mission to save souls, and one should go into it with no less high a purpose in view. Consider the crowded millions of the Orient, the more scattered, yet still numerous multitudes of Africa and of the Islands of the Sea who know nothing of Christianity, not only so far as its dogma is concerned, but who are utterly ignorant of that beneficent charity, that regard for human life, which springs from this source alone, in spite of

the fact that we so readily take it for granted and consider it a commonplace. And the last of these is the one of the most potent means of winning a hearing for the gospel.

Where superstition abounds, the man who can effect a bodily cure is often looked upon as a sort of supernatural being, and as a rule, the "medicine man" is the one who has the complete guidance of heathen religious rites and practices. The pagan is not sufficiently developed spiritually; oftentimes, to appreciate spiritual truth, but physical relief he knows and can understand. The medical man, whose applications allay the fever, soothe the pain, make whole the wounded body, has a wonderful opportunity to point out how all his science, all his arts and his ability to perform these wonders come from the God whom he would have his patient come to know and love. Under such conditions he will not often fail of a sympathetic audience for his little "sermon." Precisely because this is so, most missionaries have picked up some medical knowledge, some societies giving their outgoing members a brief "first-aid" or other elementary medical course, and even that does much. But both because it cannot reach those whose need is greatest, and because the more a missionary becomes engrossed with this work, the less time he has for the ministry to which he was ordained, it is essential that those trained specifically for medical practice be had. Not to

The smile that is captivating the Chinese—Brother John, A.F.M.

Leprosy.

take the place of the evangelist, not to supplant the priest, but to supplement their works and to establish a contact with the Church's system for those who, but for the relief given their physical suf-

Two foundlings at the Maryknoll house in Yeoungkong with Sisters Lawrence and Barbara.

ferings, would probably not come into contact with it at all.

So, while medical work must remain an auxil-

iary, just as schools also are, it is one of the most important auxiliaries to the Church's mission. If, as is usually stated, he who saves a soul secures the salvation of his own, what a crown of glory

Brother John, A.F.M., at Tungchen, sending home a patient in the local ambulance.

awaits the man who in this work aids in bringing countless precious souls to Christ! The need, then, is the need of suffering humanity, suffering because of man's neglect, suffering because of the cruelties practiced at the instigation of Satan, who

rules in these regions with a power we at home but little appreciate. He who lightens their burden, or who breaks one of the chains forged about these unhappy victims of the father of lies, earns for himself a great reward in the day of necessity.

Such in general is the bare outline of the considerations that lead us to issue a call, why we send the challenge to supreme adventure to the young medical men and women of America. The specific needs of the principal mission countries will be set forth in the surveys which follow. Each has been prepared by one who not only knows these needs from study, but who has, with his own eyes, seen the places he describes, and who has heard with his own ears the anguished cry, "Come over and help us." As you read these accounts, heed them, and listen to the call. Great will be your reward if you should be chosen to go. Even if you are not one of that favored band, God will not forget you in apportioning His gifts, if you have done your utmost, in whatever sphere you may labor, to aid those who have taken their banner—the Cross of Christ and the caduceus of medicine—and gone forth to obey the apostolic injunction, "Heal the sick," in order that the greater injunction, "Preach the gospel," may be made effective "to every creature."

CHAPTER III

MEDICAL WORK IN EASTERN ASIA[1]

During my recent trip to the Catholic missions in the Far East as a member of a committee appointed to report to the Catholic Hospital Association, I visited a number of hospitals. My travels took me to Japan, Korea, China, Indo-China, the Straits Settlements, Ceylon, and India. Naturally I gave more time to China and India than to the other countries.

The hospitals in these lands may be divided into three classes: (A) Municipal, (B) Protestant, (C) Catholic.

MUNICIPAL HOSPITALS

These institutions are maintained by the city, but the authorities employ, preferably, Sisters to carry on the work. Thus, the best conditions for effective service are always present, and a wholesome and sympathetic atmosphere is a by-product of the attendance of these religious workers.

[1] This chapter is mainly the survey of Rt. Rev. Msgr. J. F. McGlinchey, D.D., of Boston, who recently returned from a trip around the world. It is supplemented by the findings of the Rev. Bruno Hagspiel, S.V.D., who was, at the same time, making a visit to all the Oriental missions of his society.

Right Reverend Joseph F. McGlinchey, D.D., with Reverend T. Gavan Duffy inspecting the missions. This was the Monsignor's first experience in the missioner's "Rolls-Royce."

Bishop Jarlin of Peking spoke in highest admiration of these institutions. They afford ample medical aid, yet they are no expense whatever to the missions.

For all that, the records show few conversions resulting from the ministrations of hospitals, whether municipal or strictly Catholic. The peo-

Native of Shanghai suffering from the crippling effect of foot binding.

ple, however, flock to these places in preference to the more elaborately equipped institutions of Protestants or of secular organizations.

The only municipal hospitals visited were those employing Sisters. Probably the best example of

Surgical ward for wounded soldiers at the Roman Catholic Mission, Hankow, directed by the Canossian Sisters of Charity.

this type is the general hospital at Shanghai. It is an imposing building, the property of the municipality, and accommodates two hundred and fifty patients. Thirty-six Franciscan missionaries of Mary are engaged there at a salary of two hundred and fifty dollars each per year. They are not in charge. I presume that they are employed for purely economic reasons. This hospital was formerly cared for by the Sisters of Charity.

Upon inquiry I learned that conversions are few in such a hospital. Because of the presence of the Sisters, however, many are attracted to the institution. On the register may be found the names of Protestant missionaries prominent in this part of China during the past fifty years.

The same Sisters are in attendance at the International Hospital (small) in Hankow, a city of importance in the heart of China, about six hundred miles up the great Yangtse. Their contract with it is much the same as at the general hospital in Shanghai. Conversions are equally rare.

It is, of course, an advantage to have our Sisters in such institutions. Among the patients are Europeans and natives of influence who often learn much about the church, are cured of prejudices, and become friendly toward our missionaries.

PROTESTANT INSTITUTIONS

The largest Protestant hospital I visited, with the exception of the Rockefeller Institute in Pekin,

is run by the Presbyterian mission in Seoul, the capital of Korea. A Scotch Canadian, Dr. O. R. Avison, from Toronto, is in charge. He has been there for more than thirty years.

The Rt. Rev. G. C. Mutel, D.D., Vicar Apostolic of Seoul, with whom I stayed, accompanied me through this institution. Under the guidance of Dr. Avison we saw everything worth while, as the relations between my host and our guide are most cordial. In fact the Catholic missionaries, in the absence of a hospital of their own, are treated in this hospital.

There are several buildings, well equipped in the various departments—medical, surgical, dental, eye, ear, nose and throat, skin (very important in the Far East), electrical, and x-ray. The personnel—doctors, nurses, and orderlies—counts up to one hundred and twenty.

In the medical school, which is on the grounds of this medical compound, there are fifty-seven students. It has a capacity for one hundred and fifty. Doctor Avison told us he hoped to graduate twenty-five each year. The tuition is sixty yen (thirty dollars) a year; matriculation, laboratory, and graduation fees are extra.

An idea of the service rendered by this hospital may be had from the fact that its report for 1922 mentions eighty-five thousand visits for that year. As we were passing through the out-patient division, where Monsignor Mutel pointed out some of

Previously the old cotton mills of Hong Kong, now the school, convent and hospital of Saint Paul.

his own parishioners, I noticed a large number in line, and upon inquiry was told that about four hundred are treated in that department daily.

Bishop Mutel was surprised at the questions I put to Doctor Avison, and at his willingness to answer them. When the doctor volunteered the information that the hospital and medical school cost the mission 235,000 yen ($117,500) and earned 100,000 yen ($50,000) annually, His Lordship said, "It is easily seen that you two are Americans. We French would not think of discussing such intimate affairs so frankly." Of course the printed report would make this data public, anyway. Forty-six per cent of the cases are treated gratis.

In passing I might mention that an up-to-date drug store with entrance on the main street was in course of erection. Most of the medicines are compounded on the premises.

The great Rockefeller Institute in Pekin, strikingly Chinese without, and the last word for equipment within, needs no comment. It is undoubtedly the most expensive and best appointed building of its kind in the Orient.

To the first two classes of hospitals I have perhaps devoted more space than the nature and purpose of my report call for. Let us now examine into the medical mission work that is Catholic.

CATHOLIC MISSIONS

Medical mission work under Catholic auspices is carried on in three ways: (1) in hospitals; (2) in dispensaries; (3) in the homes of the sick.

Among the many surprises I experienced in my hurried visit to the principal centers of missionary endeavor in the Far East were the Catholic hospitals. In the large cities their size, appointment, importance, and influence opened my eyes.

Imagine my amazement (and delight, too) when an American Franciscan priest who has spent many years in China told me that Catholic Sisters, in their own or in municipal hospitals, take care of more patients than all the Protestant hospitals put together. In Hankow, where our Sisters serve in three hospitals, Catholic hospitals are larger and better equipped than those of Protestants. In the Central Hospital, Pekin, where there are ten Sisters of Charity, six European and four native, the Sister who showed me about said that Protestant missionaries prefer to be treated there rather than any other hospital in the city.

Other populous centers have Catholic hospitals that are a credit to the missions. Insignificant as it is in comparison to the needs of the missions, the number and character of our hospitals is larger and better than is commonly supposed. A mere enumerations of the hospitals with Sisters, in the large cities I visited, may surprise my readers. It is given here in the order of my itinerary:

A ward in St. Paul's Hospital, Hong Kong.

Model Mission Hospital in Hong Kong. Sterilizing room adjacent to the operating theatre.

Tientsin	Sisters of Charity	1. European 2. Chinese
Pekin	Sisters of Charity	1. Central 2. European and Chinese 3. Poor
Hankow	Canossian Sisters	1. European 2. Chinese
	Franciscan Missionaries of Mary	3. International
Shanghai	Sisters of Charity	1. European 2. Chinese 3. Poor
	Franciscan Missionaries of Mary	4. General
Hongkong	Sisters of St. Paul de Chatres	European and Chinese
	Canossian Sisters	European and Chinese

The reports from other countries visited are not so glowing. India, as far as I could see in a tour which covered six strenuous weeks, is far behind China in this form of activity. It has hospitals conducted under Catholic auspices, but they are entirely inadequate, as a rule small, and exercise far less influence than those of Protestants. Japan has few Catholic hospitals. In the capital there is none; yet Tokio is a city of more than two million population. Korea has yet to develop this side of mission work.

NEED IN TOKIO

To the Reverend Doctor Mathis I am indebted for the following detailed report upon the need of a Catholic hospital in Tokio. It was prepared by

Rev. Mark C. McNeal, S.J., an American missionary in that city, and incorporated in a letter to Doctor Mathis:

"You ask me whether there is any field or demand for a Catholic hospital in the city of Tokio. I can only answer that the need for a Catholic hospital in Tokio is about as great as is the need for water in the Arizona desert, to put it mildly. This town is as big as Chicago, *i. e.*, Greater Tokio. It has about 5,000 Catholics in it. When these people become ill they have the choice of any one of several hundred good pagan hospitals, big or little, and of the big, high-class St. Luke's Hospital run by the American Episcopalians. There are some other Protestant hospitals, also.

"Now the Japanese are great patrons of hospitals and necessarily so, because a Japanese house is entirely unsuited to the care of persons seriously ill. You have seen how small the houses are, how the rooms are separated only by screens, which insure no privacy and render isolation impossible; you know the patient has to sleep on the floor and suffer many other inconveniences. Hence when a patient is sick enough to need a private room, to "keep to his room," as we say, the family always has recourse to a hospital. Hence the immense number of hospitals you observed in Tokio. The demand for good hospitals is by no means satisfied.

A section of the Sisters of Charity Hospital in Tien-tsin.

Catholic Hospital in Tien-tsin, China.

"A good Catholic hospital would get enough non-Christian patronage alone to assure its success from the start. The Catholics have shown that they want it by making a heroic effort to raise the money for it, and they found their non-Christian friends more than ready to help them. But the sum raised so far is not enough for a good start.

"A Catholic hospital calls for Catholic doctors and creates a demand for a Catholic medical school. Besides, a nurses' training school must be established at once wherein the Sisters in charge of the hospital always exert so good an influence on the young women under their charge. That alone would be a sufficient reason for wanting such an institution established here. It would do inestimable good.

"But this is not the most imperative reason. The absolute necessity for a Catholic hospital arises from the fact that Catholics who are seriously ill are obliged to submit to the care of nurses and doctors who cannot appreciate their desire for spiritual consolation at such a time. They cannot hear Mass during the time of their stay in the hospital. They cannot receive the Sacraments without very great inconvenience to some one of the parish priests who sometimes has to come a long distance, bringing the Blessed Sacrament through the streets and administering to the patient in a room or a ward with people about

who cannot be expected to show any reverence. Suppose it is a priest or a brother or a Sister who is ill; the hardship is all the greater. The last Archbishop of Tokio died in the care of pagan nurses. As things stand now, there is no better hope for the present one."

In the outlying missions of Japan, some small amount of dispensary work is carried on by individual missionaries, but this work is rather meager, from the fact that the districts are generally supplied with adequate medical service from resident Japanese physicians and nurses.

In Japan, in the prefecture of Niigata, we have at *Akita* a large dispensary doing work of hospital proportions, with a reputable Japanese physician in constant charge. An American mission club of twelve young ladies is paying the salary of this physician for the benefit of the mission. Formerly, a Catholic doctor held the position, but he proved incompetent and untrustworthy; the present incumbent is an Anglican High Churchman.

In the *Nagoya* prefecture there is a well-established hospital at Kanazawa. This is one of the few Catholic institutions of the sort in Japan. It is in charge, and has been since its foundation (July 7, 1914), of the Missionary Sisters, Servants of the Holy Ghost. On July 31, 1922, the hospital register recorded the fact that 2,003 patients had thus far been admitted for treatment; but, besides these cases of hospital confinement, there had been

An open air dispensary in Chefoo, China.

Catholic Japanese nurses at the Holy Ghost Hospital conducted by the Missionary Sisters, S.Sp.S., in Kanazawa, Japan.

22,119 office patients treated, and 131,316 consultations. The Sisters had been able to baptize 270 persons.

The Salvation Army recently opened the fifth ward of its consumptive hospital, enabling it to accommodate one hundred and twenty patients and placing its sanatorium third in Japan. During the six years of its existence this hospital has cared for eight hundred patients. Such an object lesson needs no interpretation.

If anything can be done to speed the day when we shall have such an institution to console our afflicted Catholics and to give to the non-Christians a striking example of Christian charity, we shall have done much to advance the Faith in Japan.

In dealing with the question of medical needs in Japan, it should be stated at the start that American physicians and nurses, as a rule, are NOT wanted. To-day, the Japanese themselves have excellent physicians, and their respect for American medical practice is none too great. As a matter of fact, their own medical knowledge has been obtained, for the most part, from German sources. Indeed, in cases where Japanese doctors have not obtained their medical training in Germany, or in some other European country, they are, at least, familiar with German medical textbooks and medical methods. On the other hand, their admiration of American dentistry is wholehearted and practically unlimited. From the mis-

sionary side, it has to be noted that American physicians and nurses are required to pass rigid examinations before they are permitted by the Japanese Government to practice at all in Japan.

In the Dutch East Indies,[1] our Fathers [2] have charge of the apostolic vicariate of the *Little Sunda Islands*. Here there are three or four resident Government physicians in charge of small hospitals: in these, Europeans and foreigners generally are well cared for. The Government itself is most favorably and generously disposed in the matter. Recently, they offered to erect and maintain a hospital for natives in our mission, and to pay the salary of a physician, provided we would secure and select the physician. This, at that time, we were utterly unable to do; and the opportunity has now, probably, passed, for the Government has itself made such provision as it deems ample to protect Western residents. It would be most desirable, however, if we could have a good hospital in West Flores and also in the Mangarai section of our mission. It is true that we have a twelve-bed hostel at Ndona; but, aside from this, comparatively little medical work is attempted by our missioners. However, in cases of extreme

[1] The paragraphs concerning the Dutch East Indies, the Philippines and New Guinea are taken from the observations of Father Hagspiel. Monsignor McGlinchey did not visit these places, but they are included in this survey for the sake of completeness.

[2] Fathers of the Society of the Divine Word.

Dispensary of the Franciscan Missionaries of Mary at Kiauchow, Shantung, China.

The "Aishikwai," a native nursing Sisterhood in Akita, Japan, under whose auspices a very successful Dispensary and Infirmary are carried on.

need, we may rely upon the Government, even for natives.

In our S. V. D. missions in the Philippine Islands, there is at present practically nothing in the way of provision for medical and hospital service. However, our Father Buerschen, Superior of the Abra mission, and our Father Drescher, a missionary in the same district, have each had four or five years of training in medical work in Europe. Dr. Miler, an American army man, and an eye, ear and throat specialist, served several years in the Philippine Islands, and labored as a general practitioner during the great war. He has recently offered his services to our Society for the Philippine Missions; and negotiations are now under way for his appointment to this position.

Our Mission Fathers are more than willing to accept medical aid, and they are most anxious to see a hospital established at their central station of Bangued, in Abra. Such an institution is sadly needed to offset the proposed Protestant service there.

I have finally to speak of our New Guinea Mission. There is a quasi hospital at Doilon, near Madang, with some twenty beds for natives only. In every mission station—there are eight of them, with the addition of two island stations (Tumleo and Ali)—the Brothers and Sisters labor incessantly to care for the common physical needs of

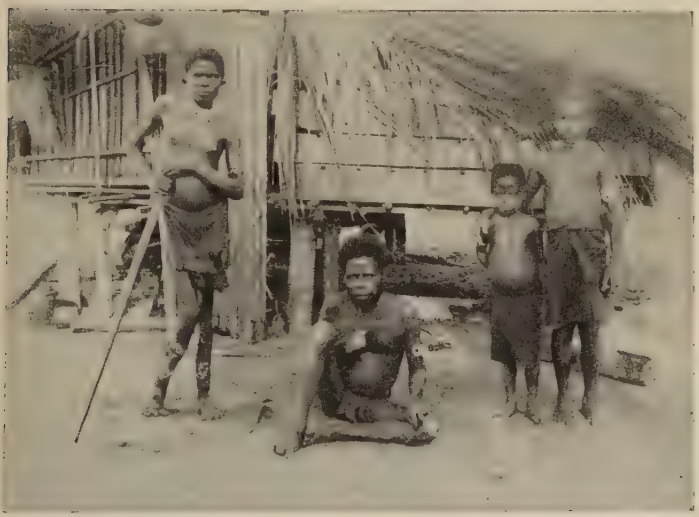
the natives; and it must be admitted, in spite of the fact of their lack of anything like professional medical training, that they have acquired a marvelous efficiency in dealing with the common ailments, and in dressing and caring for wounds of all sorts. Before the war one of our Fathers in

Sister Barnaba, S.Sp.S., at work in the Free Dispensary, St. Michael Station, Doilon, near Madang, New Guinea.

Austria paid for the medical education of an Austrian medical student who was finally graduated with his degree as physician. He had agreed to serve the missions for a number of years in lieu of payment for his college and university expenses. Consequently, he served in New Guinea

during the war period. However, he apparently became disgusted with his own profession, and finally left the mission and forsook the practice of medicine entirely.

The Australian Government has been doing rather extensive and very efficient work in New Guinea towards the amelioration and gradual ex-



Natives of New Guinea, afflicted with curable diseases, fit subjects for the dispensary service of the S.V.D. Missionaries.

tinction of many of the worst forms of disease and epidemics in the country, and our own missionaries have learned much from them. It is astonishing to me how effectually they have been able to deal with the ravages of hook-worm, ma-

laria, smallpox, skin diseases of every sort, and even leprosy. I know that this work is being done and well done, for I visited the missions, remaining there for eight weeks during last year. But two or three reputable and capable physicians are needed there, several large dispensaries and at least two hospitals.

A Sister of the Holy Ghost ministering to natives of New Guinea, while making one of the periodic rounds of the missions.

My visit to New Guinea and the Far East in general was due to my appointment to accompany our Father Superior General upon his tour of visitation of our Oriental missions. Just as we were about to leave New Guinea, Government officials from Rabaul (New Britain) made a personal appeal to Father General to establish a leper asylum on an island just off from Madang, which is

Reverend Bruno Hagspiel, S.V.D. (center), visiting a group of Taoist Monks in Tsining, S. Shantung, China, while making a tour of the missions.

the Government center in New Guinea. Father General then and there accepted the proposal under condition that he should be permitted to send as physicians two German missionary priests who before the war had for years been doing mis-

Occasion of the presentation of a tablet of Honorable Recognition from the Mandarin and local dignitaries, in recognition of the excellent services of the Missionary Sisters, S.Sp.S., for worthy hospital services rendered in the Ecclesiastical Province of South Shantung, China. (The Superior General, S.V.D., is to be seen at the left of the Mandarin, in front. Father Bruno Hagspiel, S.V.D., stands second from the right.)

sionary work in New Guinea to become residents of the island and to remain there indefinitely thereafter. This condition was taken under consideration, but nothing has since been heard on the subject.

DISPENSARIES

Dispensaries are our forte in the field of medical mission endeavor. They are so numerous that it is difficult to obtain complete data about them. Our

Dispensary for the native Chinese under the charge of the Missionary Sisters, servants of the Holy Ghost.

dispensaries, like our orphanages, greatly outnumber those of the combined sects. The *Atlas Hierarchicus* of Father Streit puts the number as

A corner of the children's quarters under the supervision of the Sisters.
Guntur, British India.

high as 1,183, while Protestant dispensaries number only 963. According to the same authority our hospitals number but 409, while our rivals have 675. In passing it might be well to note that we have 89,699 orphans who are cared for in 1,263 orphanages. According to the *World Atlas of Foreign Missions,* Protestants conduct but 271 orphanges with total enrollment of but 20,383 children. Through the Catholic Association of the Holy Childhood, 20,000,000 pagan waifs have received baptism and been sent directly to heaven. I met one Sister who had baptized more than 5,000.

Dispensary work makes an interesting study. In some cities these blessed institutions are to be found scattered among the poorer sections, and Sisters who are attached to large municipal hospitals find in a few hours spent each day at a dispensary an outlet for their love of God's poor and an opportunity for making conversions that does not generally obtain in the hospital.

In the dispensaries, just as in the purely mission hospitals, I have seen two patients in the same bed, for unbelievable economies are practiced. One Sister showed me linen and gauze bandages that had been washed seven times. In a dispensary in the poorest part of Shanghai I witnessed the application of bandages that were made of various colored samples of wool and tweed that had been

procured gratis from tailoring establishments of the city. At times even ordinary newspaper, cut in strips, must serve for binding sores and wounds.

The importance of the dispensary can hardly be exaggerated. In many places it is the sign-board and the gateway of the church.

A local dispensary in charge of the Fathers of the Divine Word in Shantung, China.

Sister Mary of the Sacred Heart, a Sister of J.M.J., and a doctor, visiting a little village in British India.

HOME TREATMENT

Medical treatment in the homes of the poor is practiced by many Sisters, but some communities forbid it.

Like the dispensary, this sort of mission work makes the Church known, increases the number of catechumens, and results in the baptism of thousands of dying babies.

Subjects appealing to the charity of the Medical Mission Apostolate.

OUR PART

With these preliminary notions in mind let us now consider what the Catholic Hospital Association can do to assist our missionary priests and Sisters who are imitating the Master by leading the pagans through the material and natural to the spiritual and supernatural.

Prayer is the first means. It is within reach of all and can bring to the missionary the grace of perseverance in the spirit of his lofty calling. To my mind, this is more necessary than any form of material aid.

Material assistance such as money, medical supplies, etc., which are the same as those needed at home, is the second means. First-class hospitals in the large cities must have the best and the latest equipment, if possible, to attract first-class doctors, both European and native, and to compete with other hospitals. But the smaller hospitals and the hundreds of dispensaries could use much that is thrown out here in the United States.

Many a hospital, guild of Catholic doctors, or association of nurses could support a small mission hospital or dispensary. The good thus accomplished and the satisfaction experienced by those who contribute would be ample reward for the sacrifices entailed.

I visited nine leper asylums, talked with priests and Sisters who had contracted the repulsive disease, and listened to the stories of their present

needs and hopes for the future, and I was glad that God had made me an instrument in His hands to bring a little sunshine into their lives. So would the nurses, doctors, and Sisters here at home feel who did just a little (and how little is asked) for these heroes and heroines and for the suffering bodies of their charges, who have immortal souls just as dear to God as ours.

The giving of one's services, of course, is the best way to assist the medical mission enterprise. This may be done either for a period of years or, should the work prove sufficiently attractive, for life.

MORE DOCTORS

That doctors—good, well-trained physicians—are required in the missions needs no proof. And in this regard we are far behind our competitors. A first-class authority in medicine or a clever surgeon holds just as important a position in the principal cities of the Orient as he does in New York or Chicago. This fact can hardly be appreciated by one who has not visited the large centers of population in the Far East.

There are two chief difficulties, however, in the opinion of the writer, not without solution. One is the question of finance, the other (and this may surprise my readers) the problem of placing American doctors and nurses.

The financial question could be solved at first

by support from agencies at home. After a doctor is settled and known in an Oriental hospital, he will have all the paying patients he can find time to attend.

The second obstacle cannot be overcome so easily. Even to treat it here would be a delicate proceeding and one that would occasion no little discussion. I refer to the national problem and the language question. Both are involved in the project under consideration, and the importance of weighing them well should not be overlooked.

WHITE HARVEST FIELD

I believe that the time has come for American missionary priests and Sisters to enter the great white harvest field, not in tens and twenties, but by the hundreds. I am equally persuaded of the necessity of American doctors, nursing Sisters, and nurses entering into the field of medical mission work. They will not go in the same proportions as the missionaries themselves, but just as the general mission idea here in the United States has grown and spread one thousand per cent in the last five years, so must the plan of helping to develop sympathy for this special field of apostolic endeavor be discussed, explained and promoted.

CHAPTER IV

INDIA AND ITS MEDICAL MISSIONS[1]

This survey is based on a short tour of personal investigation in India; on answers to medical questionnaires sent to the bishops of India, Burma, and Ceylon; and on some of the latest literature dealing with the subject.

My stay in India was almost six months to a day. Two months were dedicated to touring in Ceylon and southern and central India, and the remaining four months were spent in a more intensive study of missionary conditions in eastern Bengal and western Burma.

In the course of my travels and study I met most of the bishops, many missionaries—priests, Brothers, Sisters, and catechists—and the leading laymen of India, Indian cultural and national leaders; also many representatives of the British crown, especially the medical leaders—men like Major-General Manifold, creator of the traveling dispensary for the United Provinces, of which he was the medical chief.

It was also my good fortune to visit four of

[1] This chapter is the careful survey of the Reverend Michael Mathis, C.S.C., S.T.D., who spent six months in India studying the field, and whose zeal for the cause is well known to Catholics everywhere.

India's six Catholic hospitals (excepting only those at Kumbakonam and Rawal Pindi) and many of the country dispensaries, and to examine the medical chests of missionaries in their jungle habitats. My personal investigation of Protestant hospitals was limited to a two weeks' stay, as a patient, in the Medical College Hospital of Calcutta, which is really a government institution and where only the nursing is supervised by so-called Protestant Sisters. The only other purely government institutions I visited were the Midford Hospital at Dacca, Bengal, where I witnessed the edifying death of a missionary priest, and the one at the leper colony of Bombay.

At the suggestion of the leading mission authorities in India the medical questionnaire already referred to made it clear that the object was to obtain information concerning the medical needs of the India missions in view of prospective aid which the Catholic Hospital Association of the United States and Canada contemplated inaugurating; that this aid, however, would be given only upon fulfilment of certain conditions, viz., aid would be given first to existing Catholic medical activities, only a limited number of new medical institutions (none exceeding the proportions of a dispensary) would be established, and these only in districts where practical coöperation on the part of the mission authorities would guarantee success.

Reverend Michael Mathis, C.S.C., inspecting hospital and dispensary records while on his medical missionary tour in India.

A nursing Sister with some of her patients,
Kurnool, British India.

In general it can be said that answers to the questionnaire came from practically every diocese, vicariate, and prefecture apostolic in India, in Burma, and in Ceylon. Everywhere the object of our committee's work was blessed and praised. The words of Archbishop Goodier of Bombay are typical:

"Your most generous and encouraging letter with the forms which came the day before yesterday has filled my heart with gratitude and my eyes with tears. I would like to go all over America, not to beg, as many do, but to tell its people how I feel their generosity, and how I am sure the hand of God is with them, and is using them, and will here and hereafter reward them for the way they have come to the rescue of the missionary church in its hour of need. I bless them from afar, in my feeble way, each and all, and pray God to pay them back, and your committee among them, for all they do and all they wish to do."

It was interesting to see the consolation and renewed enthusiasm which news of the action of the Catholic Hospital Association carried to the three pioneer doctors who have consecrated their lives to the Catholic medical missions in India. Doctor Dengel of the Rawal Pindi Ghosa Hospital thus expressed her joy:

"I cannot tell you how happy I am to see by your questionnaire that Catholic men and women in America and Canada have taken up the cause

which captured my own mind and heart as a girl in Austria, which the drudgery of the medical school in a foreign land did not dampen, and which two years and four months of service in India have proven to be more worth while than I could ever have anticipated."

The questionnaire also provoked another missionary doctor, Sister Mary of the Sacred Heart, a religious of the Society of J. M. J., of the embryo Guntur Hospital, to write a masterly and touching story of the medical missions in India, which I hope will soon be published. In this connection I might also suggest that the manuscript on the medical missions of India from the pen of Dr. Margaret Lamont, whose admirable persistency in advocating medical missions in season and out of season furnished the occasion for the organization of our committee, should also be published and thus added to our infant literature on Catholic medical missions.

That the Catholics of India have been deeply moved by this new adventure of the Catholic Hospital Association of the United States and Canada is proved by the fact that the Catholic All India Conference, which met last month, took up the question of medical missions in that country.

Finally it will also be of interest to know that Colonel Patrick O'Gorman, editor of an English Catholic medical review, is compiling for the use of prospective candidates to the India missions

Saint Catharine's Hospital for Women and Children at Rawal Pindi, supervised by the Franciscan Missionaries of Mary. The arrow points to Doctor Anna Dengel, physician and surgeon.

and for the Handbook of the British Medical Association, as complete a register as it is possible to make, of all Catholic medical missionary work

Native waifs who received treatment at the Sacred Heart Convent in Kurnool, British India.

among English-speaking peoples. The address of the editor is 3 St. John's Road, Harrow-on-the-Hill, Middlesex, England.

Some of the latest literature on medical missions in India which I have freely used in this survey is the following: "The Medical Profession in India" (1923), by Major General Sir Patrick Hehir; "Medical Missions" (1920), by Walter R. Lambuth; "The Work of the Medical Missionary" (1909), by Martin R. Edwards; "Indian Catholic Medical Mission and Women Doctors" (1919), by Dr. Margaret Lamont, and the manuscript on "India Medical Missions" by Sister Mary of the Sacred Heart.

WIDESPREAD MEDICAL DISTRESS

"The mortality in non-Christian lands would depopulate France in a year, and the United States in less than three years." India's contribution to this ghastly annual toll of largely preventable deaths is great indeed.

"The diseases most frequently dealt with in India other than those which are common to North America are: Ainhum, beriberi, cholera, dengue, filariasis, guinea-worm disease, intestinal parasites, leprosy, plague, tropical dysentery, tropical splenomegalia, tropical ulcers, and yaws. Ankylostomiasis also is common."

The Indian has become so accustomed to disease, even in epidemic form, that he accepts with apathy visitations of cholera, small pox, and relapsing fevers. Malaria, which is responsible for more sickness than all other diseases put together, he

A group of Christians (pariahs) visiting the Convent at Guntur. Most of them have been cared for by the good Sisters.

Doctor Sister Mary of the Sacred Heart and dying boy who has just received the last Sacraments at the St. Joseph's Convent.

calmly looks upon as one of the conditions of existence. Millions of people died in India from influenza epidemic in 1918, yet it did not appear to disturb the survivors or their daily lives. The only disease that appears to frighten India into activity is plague, and even in the case of plague, superstition may nullify preventive measures. Hindus have actually been seen opening traps which contained plague rats and setting free the captives; even sweeping up bait for the rats, because it is against the principles of certain sects to take life in any form.

Perhaps the most appalling mortality and preventable suffering in India is among infants and their young mothers.

"Most ghastly cases occur, not yearly, but daily, throughout the whole of India. Young mothers of fourteen die of puerperal fever or from complications which any operating surgeon could have dealt with. Many more die of blood poisoning due often to barbarous uncleanliness on the part of native midwives. Babies suffer unheard-of tortures before finally losing their little lives and chances of baptism."

"After every allowance has been made for various sources of fallacy," says the sanitary commissioner of Bombay, "the infant mortality cannot be fairly estimated at less than 500 per 1,000, which means that of every two infants born, one dies before reaching the age of twelve months."

The toll of infant life in other cities of India is almost as high and in the villages it is worse. The frightful feature of this tragedy is that these

After treatment at the Sacred Heart Convent, Kurnool.

deaths are due principally to preventable causes—the barbarity, ignorance, and superstition of native midwives; the immaturity and ignorance of the mothers; defective feeding; and almost

The White Angel of the Lepers—Shekling Leper Island.
In charge of Sister Catechists of Mary Immaculate from Montreal.

absolute disregard of domestic and general hygiene.

The Hindu and Mohammedan practice of secluding women from the society of all men who are not members of the immediate family (therefore of doctors) throws practically all the obstetric work of India into the hands of native midwives in whose ministrations ignorance and superstition usually compete for mastery. New-born babies, and simple wounds as well as compound fractures, are actually smeared with sacred cow dung. Is it any wonder that tetanus poisoning frequently carries off mother and child and the wounded who are treated by this method?

Besides the cruelty in medical aid to women and children, there are other frightful practices. Actual cautery is in great demand for practically every kind of tumor or sickness from spina bifida to tuberculosis. Sister Mary of the Sacred Heart, doctor at Guntur, says:

"One old woman whose body and limbs presented countless scars stated that in childhood she had been 'exceedingly ill.' The number of scars served as an index to the gravity of her case."

When one reflects that there are three times as many people in India as in the United States and that their country is only one-half the area of ours; when one realizes that except for a kind of personal cleanliness which is due to the daily ceremonial bath, the Indians have practically no

idea of sanitation in housing (which makes isolation in epidemics impossible), in water supply (they drink the water in which they and their domestic animals bathe); "pure water," they say, "lacks taste," and in diet (one-fifth of the popu-

An "out-patient" department in India.

lation retires at night not knowing whither the food for the morrow is to come); and when one thinks of the unsanitary prescriptions dictated by religious customs, one marvels that the mortality is not higher and that the suffering is not keener.

MEDICAL FACILITIES IN INDIA

To meet this widespread distress, medical and surgical treatment in India is carried out by persons who range from the most highly qualified exponents of western medical science to mystics who adopt ancient and oriental systems and who know little or nothing about them. Briefly, medical relief in India is either modern western medicine or ancient oriental medicine.

Western medicine is naturally, perhaps I should say exclusively, allopathic. Yet insofar as homeopathy was brought to India from the West, it must be classified here as western medicine. By this classification, however, I am not attempting to determine, or even to precipitate, a discussion as to the scientific value of homeopathy *versus* allopathy. Western medicine includes four services in India: government, private practitioners, medical missions, and medical work of women.

GOVERNMENT SERVICE

Whatever may be said about the value of British rule in India from the political point of view, India and the civilized world should be grateful to the English government for bringing the blessings of western medical relief to this land, and for Britain's yeoman service in expanding these facilities. In fact the whole western medical effort has been so dependent upon government that without it our medical science and relief could never have been

produced successfully. The Indian government is the only government in the world to provide so lavishly for the medical and surgical wants of its subjects and for the medical education of practically the whole profession.

The government medical service is either military or civil, but even the civil elements are subject to military duty as reserves. In the army we have the R. A. M. C. (Royal Army Medical Corps) officers and military assistant surgeons who look after the British troops, and some officers of the I. M. S. (Indian Medical Service) and military sub-assistant surgeons who look after the Indian troops. The medical personnel in active military service is subject to the director of medical services in India.

On the civil side, the head administrative officer is the director of the Indian Medical Service, who is the surgeon-general with the imperial government. The other administrative officers are the surgeons-general of each province (Bengal, Bombay, Madras, and United Provinces). Subject to them are the inspectors-general of civil hospitals, who in turn exercise authority over the civil surgeons (officers of the I. M. S.) in charge of district hospitals. Civil surgeons have under them each a civil assistant surgeon and one or two civil sub-assistant surgeons.

According to Thacker's Indian Medical Directory (1922), corrected by Hehir's "The Medical

Profession in India'' (1923), there are 274 medical officers of the R. A. M. C., 454 surgeons and physicians of the I. M. S. (in civil service), 739 military and 685 civil assistant surgeons, 894 military and 3,442 civil sub-assistant surgeons. The first two services are made up almost exclusively of European personnel (only seven per cent is Indian, but the Indianization process is growing) and the last two are almost exclusively of native Indian men. The personnel of the R. A. M. C. and the I. M. S. is trained in Europe and has medical qualification of the highest order. The personnel trained in Indian medical schools is of a much lower order, not qualifying, for example, to practice in Europe.

''The duties discharged by the government medical services include, on the military side, administrative and executive medical and sanitary work of the whole army in India. On the civil side they embrace administrative and executive work in all state hospitals and dispensaries; medical treatment of government services; medico-legal work of the country, medical and sanitary work of jails and lunatic and leper asylums; sanitation of the Indian empire; and medical education.''

In the provinces there are a few medical schools and medical colleges. The former turn out apothecaries and sub-assistant surgeons; the latter, assistant surgeons or licensed medical practitioners. From a university such as the one at Bombay,

Calcutta, or Madras, degrees may be obtained. The apothecary's diploma is the lowest qualification which admits one to registration. A sub-assistant surgeon is the lowest grade officer who may take charge of a district hospital or subsidiary dispensary. If in government employment, apothecaries, sub-assistant surgeons, and even assistant surgeons, are under the control of a qualified medical officer in charge of the district hospital. The district medical officer must periodically, *i.e.*, once in a few months, visit the subsidiary dispensaries. Once a year he must furnish the surgeon-general with a report as to the efficiency of his subordinates.

These lower-grade medical officers are permitted to engage in private practice and thus increase their meager salaries. As practitioners their fee would range between twenty-five and seventy-five cents per call. The fact that the rural population cannot possibly pay more and that the sub-assistant surgeons are willing to work for so slight a remuneration, is most important in the task of bringing medical aid to regions where otherwise it could not be had.

HOSPITALS AND DISPENSARIES

There are about 275 government hospitals (Thacker's Indian Medical Directory, 1922). A great number of these hospitals are purely military establishments called station hospitals. Large

cities like Bombay, Calcutta, and Madras have some well-appointed civil and private hospitals. In important country centers in the various districts which go to make up a province, an effort is made to have at least a small hospital, called the district hospital, and scattered throughout each district a few subsidiary dispensaries.

PUBLIC HEALTH

The sanitation of the army is very efficient and calls for no further remarks here, since it is distinct from civil sanitation.

The health problems of India are of enormous difficulty. Perhaps no other part of the civilized world presents problems of similar magnitude. Natives must be taught the first principles of domestic and general hygiene. But this is extremely difficult because the backward ideas about hygiene are bound up, like everything else in India, with religious ritual and spiritual authority.

"The present organization may briefly be stated to consist of a central board of health at imperial headquarters, Delhi, composed of the heads of the medical, public health, and research departments; and a board of health in each province. Every province has also a director of public health and several assistant directors. Health officers are employed by the larger towns, each of which has its sanitary inspector." The areas served by the assistant directors of public health range from

24,830 square miles in Madras presidency, to 24,597 square miles in the Bombay presidency, and the population from about nine millions in Madras, to three and a half millions in Bombay.

Except for the registration of vital statistics, which cannot be relied upon because only an insignificant number of deaths are witnessed by competent medical authority, these provisions for public health affect only one-tenth of the total population. The results, however, have shown an awakened understanding of public hygiene, especially in the larger cities and towns where water supplies, drainage, and conservancy have been introduced. Epidemics are losing some of their terror, lepers are being segregated (though it is not compulsory), and the insane are being provided for as never before.

PRIVATE PRACTITIONERS

The first official regulation of qualifications for the medical profession in India was the Bengal Medical Act of 1914. One for the whole of India was introduced in 1916. These acts, however, do not prohibit general medical practice. They merely forbid the assumption of the term "doctor" or its equivalent (efficiency in western medical science) by those who have not passed successfully the examination for these qualifications. To forbid promiscuous medical practice would be unwise insofar as it would deprive the

people of some medical aid which they would otherwise not be able to secure by reason of the limited number of qualified medical practitioners.

It is practically impossible to estimate the total number of practitioners in India, since registration is only in its infancy. Yet, for Bengal, Behar, Orissa, and Assam, the facts are available in the following table, which was prepared for the Calcutta University Commission in 1919:

	Number Practising in Calcutta	Number practising in Bengal outside Calcutta, and in Behar and Orissa	Number engaged on special estates (tea gardens, jute mills, coal fields, etc.).	Number Practising in Assam.	Total
Holders of English medical degrees	76	43	..	..	119
Holders of Indian medical degrees or licenses qualifying for the rank of assistant surgeon	433	435	11	1	880
Registered practitioners of the sub-assistant surgeon class	211	1,633	69	22	1,935
Total	720	2,111	80	23	2,934

This report shows that medical aid is concentrated in cities, leaving the rural sections in great want. The Calcutta University Commission goes on to say, "Leaving out the holders of English medical degrees and the small number of other men employed on special estates, we see that there is one medical graduate or qualified practitioner of the assistant surgeon class for every 2,300 persons in Calcutta, and one for every 181,000 per-

sons outside Calcutta. Of the sub-assistant surgeon class there is one for every 4,700 persons in Calcutta, and one for every 48,000 persons outside Calcutta. The region outside Calcutta includes Dacca and the other two towns in Bengal, and Patna and other towns in Behar and Orissa. The number of registered practitioners of both classes is one for 1,550 persons in Calcutta, and one for 38,000 in Bengal outside Calcutta, Behar, and Orissa."

PROTESTANT AND CATHOLIC MISSIONS

Thacker's Indian Medical Directory (1922) enumerates forty-eight Protestant hospitals in India, Burma, and Ceylon. The Protestant Mis-

Waiting at the out-patient department of St. Martha's Hospital, Bangalore.

sionary Directory, Ajmer (1920), places forty-two leper asylums under Protestant control. Sister Mary of the Sacred Heart says that "a late estimate gives the number of Protestant medical missionaries in India as 438, 238 men and 200 women." It is difficult to ascertain the exact number of dispensaries (Catholic or Protestant) because almost every missionary is engaged to a greater or lesser degree in dispensing medicines.

There are six Catholic hospitals. Father Müller's Charitable Hospital (to this is attached a leper asylum), Mangalore; St. Martha's Hospital, Bangalore; St. Catherine's Ghosa Hospital, Rawal Pindi; St. Joseph's Convent Hospital, Guntur; St. Ann's Ghosa Hospital (to which is also attached a leper asylum), Kumbakonam; and the Nursing Home, Bombay. Surgical as well as medical cases are cared for at all these hospitals with varying degrees of imperfection regarding equipment. Of these hospitals, I saw those at Mangalore, Bangalore, and Bombay. The first, both in appearance and in number of average cases handled, seemed to be the best surgically, from the point of view of surgical equipment and work done. St. Martha's at Bangalore seemed to have the best equipment and nursing facilities for medical cases.

Father Müller's Hospital, St. Martha's, and the embryo hospital at Guntur have a special ward (St. Martha's and Father Müller's have a sep-

Women's Ward, St. Martha's Hospital, Bangalore, under the Irish Sisters of the Good Shepherd.

arate building with a half-dozen private rooms) reserved for missionary personnel. Missionaries from almost every diocese and vicariate resort to these hospitals when it is possible to do so.

At Bangalore there is a physician and surgeon, Doctor Fernandez, the last of the Medical Brotherhood founded by Father Müller. I read in the Indian papers that Doctor Fernandez is coming to the United States to study Catholic hospitals. Italian Sisters supervise the nursing at Bangalore, and the hospital and the homeopathic dispensary are managed by a Jesuit priest, Father Rondano, successor to Father Müller.

The Irish Sisters of the Good Shepherd administer St. Martha's Hospital. There is one doctor, who is a religious Sister, on the staff, and a sur-

Preparing for action. Eve of opening day at St. Ann's Gosha Hospital, Kumbakonam, S. India. (These hospitals are called "Gosha" because they are intended for women who would rather die than receive medical aid from men, not their immediate relatives.)

geon who resides in the city. There is also a nursing school attached to the hospital.

The hospital at Rawal Pindi was founded by Dr. Agnes McClaren and is administered by the Franciscan Missionaries of Mary. Doctor Dengel, a young Austrian medical missionary who pursued her course of studies in England and Ireland, is the woman physician and surgeon. The Convent Hospital at Guntur is managed by the Sisters of J. M. J., and a religious doctor, Sister Mary of the Sacred Heart, a native of Australia, is the surgeon and physician.

St. Ann's Ghosa Hospital for women and children at Kumbakonam is administered by Sister Cathechists of Mary Immaculate. A woman physician and surgeon, Doctor O'Connor, from Ireland, is the head of the staff.

A native Sister doctor at St. Martha's, Bangalore.

The Bombay Nursing Home Hospital is administered by Sisters, and the staff is composed of private practitioners in the city in much the same way as our hospitals at home are conducted.

MEDICAL WORK OF WOMEN

This country presents another unique difficulty. Respectable women will, on no account, submit to examination by a medical man. In many districts, Mohammedan and high-caste Hindu women observe *Ghosa* or *Purdah* (veiled from public view), and may not even be seen by a strange man.

The government and especially the wives of government officials have striven to meet this difficulty by affording every opportunity for women to study medicine, free of charge. The Lady Hardinge Medical College, which is exclusively for the education of women doctors, accommodates sixty students. Protestants have also established the Women's Christian College.

"During the twenty-five years of its existence it has turned out 61 Indian women doctors, 48 certified compounders, 53 nurses, and 186 certified midwives. The Lady Dufferin Society provides, in addition, maintenance scholarships for women medical students. But in view of the gigantic task to be accomplished, the number of women doctors remains distressingly small, and it can hardly be otherwise for a long time to come. For, according to an estimate prepared a few years

His Lordship, Bishop Chapius, R.F.M., presiding at the opening of St. Ann's Hospital, Kumbakonam, S. India.

ago, 99 per cent of the women of India are illiterate. A limited number of Indian-born Europeans, Anglo-Indians, and Indian women study medicine. But comparatively few, even among these, proceed further than the lowest grades. The dearth—and the need—of medical women is so great that even a woman apothecary can command a lucrative position in a government hos-

Sister Mary of the Sacred Heart is a physician from Australia, and a Religious of the Sisters of Jesus, Mary and Joseph.

pital and secure a still more lucrative private practice. The incentive to further study is therefore lacking.

"The government has also made efforts to improve the status of nursing. Among the people the office of midwife is performed by women of the barber caste. The midwives' husbands are usually both barbers and quacks. With the rashness born of ignorance, these midwives dare anything. To them asepsis is unknown, and cow dung a sacred application. It would be impossible to estimate the consequence in impaired health, sickness, and death. The Madras Maternity Hospital wisely sets apart separate wards and separate labor ward equipment for patients who, before admission, have been seen by a barber midwife.

"With a view to ameliorating these conditions, Lady Curzon, in 1903, started the Victoria Memorial Scholarship Fund amounting to 45,000 pounds, for the purpose of training midwives. But it is a difficult task. At one large center a course of lectures and demonstrations in midwifery was prepared for the neighboring village midwives. They were paid for each attendance, and the lecturers were delighted to find the representation excellent. Many midwives walked miles to the hospital, and duly accepted their pay. In course of time the hospital reformers were saddened on finding the 'sairy gamps' pursued their wanton ways.

"In large centers, such as Madras, the hospitals

have a staff of nurses comprising matron, trained, and pupil nurses. The system of pupil nurses has not yet been introduced generally into the country hospitals. These are usually served by untrained ward coolies. Occasionally the staff includes a trained midwife who, if the truth must be said, except when under direct, competent, and rarely existing supervision, lapses into the ways of the barber midwife, or more often employs a barber midwife to do the work for a mere pittance, while she draws a comfortable salary and plays the lady."

The 325 hospitals conducted by government medical missions, or by private corporations, and the total number of medical persons qualified to give medical relief, according to western science, affect only a small portion of India's vast population. As statistics are not available for the rest of India, we can only approximate the measure of relief given. In Bengal, the province most advanced medically, there is only one qualified practitioner for every 38,000 people, and his qualifications are such that he would not be allowed to practice in England. In Great Britain there is a doctor for every 1,100 people, and, in the United States, one for every 700 people.

ANCIENT ORIENTAL MEDICINE

In India there are two ancient systems of medicine, one the Ayurvedic (Hindu), which has been

in vogue for two thousand years, and the other the Unani system (Moslem), which was brought to India by the Mohammedans during the Middle Ages. In large numbers the Ayurvedic practitioners (called Kaviraj) and the Unani doctors (called Hakim) have had the calling handed down to them by tradition, from father to son. There are, however, several medical schools for the ancient systems, such as the Hindu College in Calcutta and the Unani School in Delhi, while some universities (like the Punjab University) subsidize the teaching of Ayurvedic and Unani medicine. In these medical schools the course extends over five years. Anatomy is taught by animal dissection, and pupils are trained in compounding indigenous drugs.

The Ayurvedic system is based on the sacred scriptures (the *Vedas*) of the Hindus, while Unani medicine is the Græco-Arabic system of medicine which formed the foundation of our western medical science.

The Hindu system rests on the conception that there are three forces in the human body which determine health and disease: wind, whose principal seat is in that part of the stomach where the digestion takes place; bile, which has its seat in perspiration, saliva, and blood; and phlegm, which has its seat in the thorax, head, throat, joints, and that portion of the stomach where undigested foods and fats remain. These forces mani-

fest themselves, according to the *kabirajes,* in the pulse and tongue, through which every disease is supposed to be capable of detection and diagnosis. This makes it possible for *Purdah* women to receive medical aid from male doctors, for the women can easily show either their hand (for pulse) or their tongue through a hole in the veil that separates Hindu and Mohammedan women from all men not of the household.

Another principle of Ayurvedic medicine is that diseases are the work of evil spirits who must be pacified by various offerings and propitiated by incantations. Hence, there is much incantation in the Ayurvedic system. The Unani system has some very clever fakery. Thus, a story is told of a *Hakim* who, in the company of his son, attended a nobleman suffering from pain in the abdomen. The *Hakim,* after a sharp diagnosis, declared the condition to be colic and described the cause to be the eating of thirteen mangoes. Both patient and son were astonished at the *Hakim's* insight. On leaving the palace, the son inquired of his father how he knew about the mangoes. The father told him that as they entered he had counted the thirteen mango stones that were on the ground outside the door.

The most extravagant effects are claimed for the drugs of these systems, yet a scientific study of much of their pharmacopeia by Dr. M. C. Komans of Madras shows that very few drugs

used in either of the oriental systems are unknown to western medicine, and when unknown the westerners usually have an equivalent. But this initial scientific investigation showed that many of the indigenous drugs are as useful as their western equivalents, and, what is more to the point for India, the oriental drugs are cheaper than their western equivalents.

The recent Nationalist movement, by emphasizing everything oriental, has created new interest in the ancient systems of medicine. This is not an undesirable state of affairs; for, since western medicine cannot supply the personnel to relieve the widespread distress in India, the only sane thing to do is to study scientifically these ancient systems of medicine and to help the *kabiraj* and the *hakim* wherever it is scientifically possible to do so.

VALUE OF MEDICAL MISSIONS

From what has been said about the widespread medical distress in India and the disheartening inadequacy of the present medical personnel to relieve that distress, it must be clear, at least from the humanitarian point of view, that more medical relief of every description is desirable.

From India's viewpoint, whether we approve of it or not, medicine is bound up with religion, and medical practitioners will be looked upon as religious forces by the Indians. Hence, India offers

the missionary a distinct advantage for the decisive moment of his relations with the people (namely, the introduction), if he comes to them as a medical missionary. With one portion of the population, the seventy odd millions of Mohammedans, medicine is our only practical opportunity for even a hearing in behalf of Christianity.

From the Catholic point of view, there is not only nothing against our missionaries going to pagans equipped as highly as possible with medical relief; there are strong, positive reasons for such action: (a) medical relief is a corporal work of mercy, and as such its practice is commended by God Himself; (b) the genius of Christianity, according to our Lord's own words, is charity ("By this shall all men know that you are my disciples if you have love one for another"); and since medical relief is a form of charity, it is at the same time one of the most gracious forms through which Christianity can be revealed to pagans; (c) so frequently did the Master Himself use the method of charitable medical relief in His missionary work, there is scarcely a page of the Gospel which does not chronicle medical aid to the Jews of His day.

The appalling infant mortality in India has an importance for the church, as Mr. Rebello, founder of the Catholic All India Conference, pointed out. Through the medical apostolate many of our Catholic infants can be saved to swell the number of

the faithful. Through medical missions, also, thousands of infants and even adults are baptized *in articulo mortis,* and not infrequently these denizens of heaven secure the conversion of their families on earth to the Catholic faith.

In spite of all the government can do to prevent petty bribery on the part of minor native officials and servants in civil hospitals and dispensaries, the evil goes on, and free medical aid is, as a matter of fact, not free. In practice a native is never sure of getting what he calls "good medicine" unless he pays for it by a petty bribe. As a result, both from the point of view of finance and of confidence, facilities offered by medical missions are patronized much more frequently than government institutions.

OUR ULTIMATE AIM

Inasmuch as the medical distress in India is so widespread, since the medical facilities in personnel and equipment are inadequate for relief, and as medical missions give the Catholic missionary entrance into the graces of these people, the ultimate aim of the Catholic Hospital Association in its program of medical relief ought to be *to organize the Catholic missions medically.* By this is meant that the Catholic missionary personnel ought to be enabled, insofar as it is practical, to bring medical relief.

This general principle, at the suggestion of the

The Nursing Home Hospital of Bombay, in a rented apartment house.

A Sister Catechist of Mary Immaculate in the dispensary at Bangalore.

India mission authorities, might wisely be followed; medical aid should be given first to existing Catholic medical facilities; only a limited number of new medical institutions (none exceeding the proportions of a dispensary) should be established, at least in the beginning, and these only in districts where practical coöperation on the part of mission authorities will guarantee success.

NEEDS OF EXISTING CATHOLIC INSTITUTIONS

1. Rent for the Nursing Home Hospital at Bombay. This institution has been inaugurated by Archbishop Goodier and is managed by Sisters in a very large, rented apartment house. The monthly rent is two hundred dollars.

2. Rawal Pindi. Finances are asked for extensions to their crowded hospital for women, St. Catherine's Ghosa Hospital.

3. St. Martha's Bangalore. A woman doctor, two trained nurses, instruments, and linens are requested.

4. Convent Hospital, Guntur. Doctor and Sister Mary of the Sacred Heart asks for the following rather detailed list: Laboratory apparatus for bacteriological and pathological work; a well-equipped microscope; operating table; instruments for eye operations, nasal work, and mastoid operations; dental instruments—root elevators, instruments for scaling, filling, and vulcanizing;

card index outfit; recent publications: "Pastoral Medicine" (Walsh and O'Malley), "Birth Control" (O'Malley), and "Old-time Makers of Medicine" (Walsh); Journals—for example, obstetrics and gynecology; drugs, goods, or money (duty charges high); cost of drugs per annum in India Rs. 2,000, or $650; personnel: doctors, nurses,

Missionaries of Mary Immaculate visiting huts of the poor, and distributing medicine in Kumbakonam.

pharmacists, dentists, dietitians trained in chemical analysis of food. All personnel can be received only as postulants to the religious order of the Sisters of Jesus, Mary and Joseph.

5. St. Anne's Hospital for Women and Children, Kumbakonam. Salaries are requested for the following lay medical missionaries: woman

Ward Ayals carrying a patient to operating room at St. Ann's Hospital.

doctor, Doctor O'Connor, M.D., one hundred dollars a month; assistant surgeon, sixty dollars a month; two trained nurses, each twenty-five dollars a month; one trained midwife, eight dollars a month; a set of surgical instruments for the operating room.

6. St. Anne's Outdoor Dispensary, Kumbakonam, requests six hundred and fifty dollars for the annual medical expenditure. Six other dispensaries are conducted from St. Anne's Outdoor Dispensary, including Convent at Holy Angels, Kumbakonam; convent dispensaries at Tanjore, at Puratakudi, at Ayyampet, and at Attur. The annual expenditure for medicine at each of these dispensaries is one hundred and seventy dollars. From these dispensaries the Sister Catechists of Mary Immaculate go out daily, giving medicine gratis to the people in their huts. Sometimes they remain absent for weeks on apostolic journeys—traveling dispensaries—giving medical relief to all who ask for it.

7. Dacca Dispensary. Sisters of Our Lady of the Missions request money for medicines, one hundred and twenty-five dollars annually.

8. Shillong, Assam. Sisters of Our Lady of the Missions request annually one hundred and fifty dollars for medicines.

9. Morapai, Sunderbunds. Two hundred dollars are requested for dispensary needs.

10. Hyderabad. Bishop asks for maintenance

and medicine for ten dispensaries conducted by Sisters; amounts not stated, but any sum will help.

11. Mylapore (near Madras). Franciscan Missionaries of Mary request sterilizing apparatus for their excellent dispensary.

12. Tanjore. Sisters of Mary, Help of Christians, request one hundred and fifty dollars per

Franciscan Missionaries of Mary conduct this dispensary at Mylapore.

annum for dispensary needs (average number of daily callers, fifty).

13. Bangalore City. Sister Catechists of Mary Immaculate ask for finances to maintain native medical help and to buy supplies (three hundred dollars per annum).

14. Allahabad. Archbishop Poli requests two

Traveling dispensary of the Sister Catechists of Mary Immaculate on the Buriganga, near Dacca, Bengal, in the American Holy Cross Mission.

hundred dollars annually to finance seven dispensaries conducted by Sisters.

15. Medicine for individual missionaries who conduct a medical apostolate in places where there are neither hospitals nor dispensaries. Father Mellere (Krishnagar diocese), one hundred and fifty dollars per annum; Father Faineau (Dacca diocese), one hundred dollars per annum (to sup-

Dispensary at Mylapore, near Madras, Franciscan Missionaries of Mary.

ply Mangalore remedies for missionary and his catechists in their mission work).

REQUESTS FOR PROPOSED INSTITUTIONS

1. Bombay (for bishop of Damaun). Finances for hospital; amounts not stated, but prospects said to be bright.

2. Trichur (Malabar Syriac Christians). A dispensary and equipment, twelve hundred dollars; ground has been donated. Sisters will take charge and two native doctors have offered their services free.

3. Satehally, Mysore. Sister Catechists of Mary Immaculate request funds to enlarge their indoor dispensary as a hospital, and funds for maintaining same. Woman doctor is also desired but would have to be an exceptionally good missionary to live in this lonely station.

4. Almora, Hymalaya Mountains (Allahabad diocese). A doctor and nurses are wanted to establish a hospital for consumptives. The grounds and two buildings for accommodations are already given for this purpose.

5. Kotayam (Syriac Christians) ask for dispensary building, equipment, and ground. Cost will be six thousand dollars. Hospital to be named The Good Samaritan. The bishop has a trained personnel. Indian medical Sisters and two lay doctors have offered their free services.

6. Verapoly. Archbishop asks for a dispensary building and medicines. Ground, and Sisters who will take charge, on hand.

7. Kuinool, Madras Presidency. Sisters of J. M. J. ask funds for enlarging their hospital to provide quarters for women and children. Needs most pressing. Opportunities bright. Amounts not stated.

Sacred Heart Convent and Dispensary, Kurnool.

8. Arni, North Arcot, Southern India. A cart and a pair of bulls for traveling dispensary (one hundred dollars).

9. Vizagapatan. Bishop requests funds for a dispensary and maintenance. Initial cost one thousand dollars.

10. Trichinopoly. French Jesuits ask for a dispensary. They suggest either one of the two following plans: An American dispensary founded, maintained, and controlled by Americans, or a hospital like St. Martha's in Bangalore (mission would do the work and Americans would be asked to finance it). Finances involved not stated for either plan.

11. Ceylon, Ganegama. Bishop asks for a dispensary (three hundred dollars for initial expenses, and twenty-five dollars for monthly upkeep). Ground and nursing staff furnished by mission.

12. Bombay. Expenses for traveling dispensary—salary of woman doctor, maintenance of nuns, and expenditures for medicines (one hundred dollars a month).

13. Kuthalgarh, Rajputana. Missionary requests funds to build a dispensary hut. Distressing circumstances. (One hundred dollars.)

14. Calcutta Archdiocese—famous Choto Nagpur Mission. Archbishop asks for a male doctor to organize the mission medically. Mission cannot

pay doctor a salary, but will furnish board and lodging.

15. Akyab (Western Burma). Government desires Sisters to supervise nursing in the only hospital in Western Burma. The salaries, accommodations, conditions of labor, and opportunities for mission work are very attractive.

16. Tanjore. Sisters of Mary, Help of Christians, ask for traveling dispensary, bulls, and cart. (One hundred dollars.)

THE TRAVELING DISPENSARY

In view of the difficulties in bringing medical aid to those who need it most (the rural population), and in consideration of the possibility that American hospitals will be able to equip these mobile dispensaries with staff and medicine, and whereas one of the most successful means of bringing relief to Indians has been found to be the traveling dispensary, I strongly urge Catholic hospitals to take up this work. The traveling dispensary may be an automobile (as in the United States), a bullock cart, or a boat, depending upon the part of India in which the dispensary is working. The staff should consist of at least one physician and surgeon, a social worker, a native nurse, a catechist, and a cook. Female units have special advantages in India by reason of the fact that they alone have access to India's high caste Hindu and Mohammedan women.

Very Reverend Thomas Nesschwanger, R.M.M., in Africa, travelling on horseback from one mission to another.

CHAPTER V

THE MEDICAL MISSION FIELD IN AFRICA[1]

During the sojourn of our Saviour among mankind He not only presented His doctrine, but He healed the sick and had always a compassionate heart for the frail and suffering. He also charged His apostles in explicit terms to heal the sick, and promised those who should believe in Him that they would have power over disease. Even in pagan antiquity, although among some savage tribes the sick and feeble were often put to death, more humane practices were found among others.

One of the earliest hospitals on record was founded in Ireland, 300 B.C., by Princess Macha. In India the Buddhist King Azoka, 252 B.C., established a hospital for men and animals. Also the Egyptians employed a considerable number of remedies, and physicians held clinics in the temples. Similar customs prevailed among the Greeks and Romans. Æsculapius had a temple on the island in the Tiber (291 B.C.) where now stands the

[1] This chapter is for the most part the survey of the Rev. M. Thomas, R.M.M., who was for twenty years a missionary in South Africa. Some supplementary material has been added, largely contributed by the oral discussion of this paper at the meeting of the Board.

Church and Monastery of St. Bartholomew, and to this temple the sick resorted and spent the night. Municipal physicians were appointed to treat various classes of citizens.

In the early Christian times the cure of the sick was from the beginning a sacred duty for each of the faithful, but it devolved in a special way upon the bishops, presbyters, and deacons. The bishop's house above all others was open to the traveler, who not only found food and shelter there but was provided in case of need with the means to continue his journey. In some cases the bishop was also a physician so that medical attention was provided for those of his guests who needed it. After the conversion of Constantine, when persecution ceased, the Christians profited by their larger liberty and provided hospitals for their sick. So we can see that from the inception of the Catholic Church the care of the sick was considered a paramount duty of Christian charity, and through all the ages to our own day the Catholic Church has fulfilled this duty, as all the numerous hospitals under its care in civilized countries testify.

WHAT ABOUT FOREIGN MISSIONS?

If the care of the sick has been abundantly provided for in our home countries, this cannot be said of our foreign missions. It is true we read in the mission reports that we have from four to

five hundred hospitals and twice the number of dispensaries, and that looks all well and good on paper. But when we ask how many doctors and trained nurses have been employed in those hospitals, then the veil of illusion is lifted and we must answer, "Doctors, few or none; trained nurses, a few Sisters." This state of affairs is

Where chronic ulceration kills.

most deplorable when compared with the activities of our Protestant brethren, who have numerous real hospitals, as they have about 800 doctors in the field. What do our so-called hospitals amount to when it is a question of real medical or surgical aid?

Speaking of my own experience in Africa, these so-called hospitals consist of a few grass-thatched huts or other dilapidated buildings where the sick are cared for by some inexperienced Brother or Sister who is unable to diagnose a disease, and I do not hesitate to say in some instances administers medicine to the patient which will help him reach eternity before his time. Then they palliate their conscience by the consoling thought that the departed cannot do any more harm or evil on this side of the River. In many instances, if you wish to get good medical aid you are obliged to send your patient to a Protestant hospital.

Some missionary societies provide their priests with a cursory medical course, but what does it amount to? I myself had gathered quite a little knowledge about sickness among the natives by my many years' experience among them, but to be on the safe side I carried only two kinds of medicine. Yet these natives have great confidence in us, and although one is only able to assist them in common ailments he is looked upon as a great doctor.

It was always a painfully amusing occasion to me (if you will allow me this contradictory term) when I entered a hut to visit a sick native to whom I was called. After hearing the story of his troubles I would approach the patient, who was stretched out on a grass mat on the floor of the hut and begin the examination or diagnosis. I would

go down on my knees and take hold of his hand, and after much manipulating to find the pulse I would produce my watch and gaze intently upon it, counting the pulsations. All eyes would be fixed upon that mysterious timepiece in my hand, and silence reigned supreme—you could have heard a pin drop if these natives had had one. I would count the pulsation, and as the reputed doctor, know that something between 70 and 90 belonged within the radius of health, allowing for age. If I could suspect that my patient before me had consumption, I would put my ear to his breast and listen carefully, then place three fingers of the left hand on the same place and strike them with those of the right, this transaction being repeated over his breast and back. The whole solemn ceremony would generally end by my requesting the patient also to show his tongue. Now after all this tomfoolery I would be no wiser as to his ailment, or whether he suffered from high blood pressure or a cancer. In other words, we have made no serious endeavor to supply good medical aid in our foreign mission territory.

CONDITIONS IN AFRICA

The natives in Africa are exposed to conditions and dangers of diseases which are little heard of in other countries, especially the sleeping sickness and leprosy. When the native there becomes sick he attributes the cause of his sickness generally

to three sources: he is simply sick, an enemy has bewitched him, or his ancestral spirits are angry with him and have brought this malady upon him. In the first case he will seek aid from his medicine doctor, in the second case his enemy has to be "smelled out," and in the third case sacrifices

Witch Doctress in whose practice of divinations the sick take refuge.

have to be brought to pacify the angry ancestral spirits. Charms, medicines, poisons, conjurations, and endless superstitions are taken refuge in, when he is afflicted with any disease, or other troubles befall him.

In our African missions good medical aid and

The Mariannhill dental clinic in South Africa.

the convenience of hospitals would be one of the main factors to help eradicate witchcraft and native superstitions, as the true cause of diseases could be pointed out by an experienced doctor and trained nurses. From a questionnaire which I sent out to about twelve bishops in various parts in Africa I gathered the information that nearly all have what is termed dispensaries with a limited supply of medicines, and that the missionary himself or a Brother, or in most cases a Sister, is in charge. Hospitals, doctors, and trained nurses remain still a desired necessity and it is only in districts where there is a marked European population that such are to be found. Our medical aid is in its infancy as far as our missions are concerned.

The majority of these districts would be far enough advanced to receive a doctor and are able to provide him with board and a suitable lodging place, but in most instances no remunerative practice could be hoped for among the natives on account of poverty. As to the time contract for service, some advocate from eight to ten years, as five years would not be sufficient to study the languages. At all events five years should be the minimum. If hospitals were founded they could not become self-supporting and would have to be subsidized by home funds for many years to come. The majority are of the opinion that the doctor should be married for obvious reasons. As to the

salary such doctors could lay claim to, this varies from 500 to 800 pounds sterling, which is, roughly speaking, about $2,500 to $4,000. The interesting question as to whether lay nurses or Sisters are preferred was answered in favor of lay nurses because they are able to deal with maternity cases where the canon law has its "non licet" for the Sisters. In other words, there should be lay nurses among the staff, although Sisters are used. Also for lay nurses, if they sign a time contract it should be for not less than five years. Their salary is estimated at from 200 to 300 pounds sterling per annum. These estimates of salaries are gauged by the rates the government or Protestant hospitals pay their staff. It is evident from the information received through the questionnaire that little or nothing has been done so far as medical assistance is concerned among the native tribes where our missionaries are working.

I sent a questionnaire to African Bishops and Apostolic Prefects, not only in the south, but also in the central and northern districts, as I was little acquainted with affairs in the north. So the statements I have made not only refer to our missions in the south, but are also based upon the answers which were received from bishops in the north. The answers to these questionnaires proved that conditions in these other districts were equal to those in the south and in some places even worse. We must remember that in Africa,

Opening the gate of heaven for "our brother" in extremis.

especially in the south, we are practically in the first stage of pioneer work. It was not until 1805 that a Catholic priest was allowed to land and officiate in the Cape Colony, and it was not until the early 70's that missionary work really began with any measure of success, although the Oblate Fathers had already made a beginning. Our Protestant brethren had been in the field nearly 200 years before we were fairly started. As we are practically just emerging from the pioneer period, no special efforts have been made to procure doctors or to establish hospitals. In some sections of central Africa they are as yet not ready to receive doctors or to establish hospitals. However, all these men who answered the questionnaires were enthusiastic about the project, and said: "Do get a move on." We have in Mariannhill a beautiful hospital, but it is only used for our community. We have also started a native hospital, but we still lack doctors and nurses. I might have been a little strong in my statement as to our Sister and Brother doctors, but, how can it be otherwise? If the statement of a New York doctor, in an article which was published lately in the *Physical Culture Magazine,* is correct, then my assertion is not too strong. This doctor says: "And I will begin by asking how much of the business of the regular doctor would be left to him if the public knew that in two of the greatest hospitals in the country 51 per cent

of the most scientific, painstaking diagnoses are wrong?'' If specialists are handicapped in making a diagnosis, what can we expect of those who know little or nothing of medicine?

We have made attempts during the last year or two to get doctors from Germany and there are a number available, but here the difficulty arises that German physicians cannot practice in South Africa without holding a degree from an English university. I have recently learned that American doctors are much in the same position. A few American colleges, however, are being recognized. and it is likely that more of them will be as time goes on. If a German or American doctor, therefore, applies to us for missionary work, he would be obliged to spend some time in England to get his degree. Of course, the other alternative is still at our disposal, viz., to procure a doctor from England, Ireland or Canada, degrees from reputable schools in any part of the British Empire being recognized throughout its extent.

As to the language, there is little difficulty in the south, as English and Dutch predominate. As far as the native language is concerned, the doctor can have an interpreter. In central Africa, especially among the White Fathers, French predominates. In the south, a doctor could have remunerative practice among the natives, but not so in central Africa, for the natives are poverty-stricken in this section.

An African "beauty parlor."

THE MEDICAL APOSTOLATE

There is no blinking the fact that our Protestant brethren have far outdistanced us in supplying doctors and nurses or erecting hospitals in foreign mission fields. Spasmodic efforts were made in various countries by some Catholic doctors such as Dr. Margaret Lamont, Doctor O'Gorman in England, Dr. Paluel Flagg in America, and Doctor Schmidlin in Germany, who in his excellent scientific Mission Magazine in 1920 referred to the urgent necessity of this branch of mission work. During my recent visit to Europe I had the pleasure of meeting Doctor O'Gorman in London and Doctor Becker in Wuerzburg, Germany. Although this medical apostolate question was taken up enthusiastically in England a few years ago, no definite foundation has as yet been created for the realization of such a project. In Germany they have progressed a step further, as they have already a definite institution at Wuerzburg where male and female students are accepted. Through the mediation of Doctor Becker I had an opportunity to visit this institution and the kind rector gave me all information I desired. They had at the time of my visit seven young men and five girls attending the institution. It may be interesting to know something about their plan of work. The rector supplied me with a miniature prospectus from which I am taking the following points:

The purpose and aim of this Medical Mission Institute in Wuerzburg is, in the first place, to give a thorough and scientific medical education and a mission preparation to Catholic doctors and students, whether male or female, for the purpose of going to foreign missions.

The medical education is received at the university with the coöperation of St. Julius Hospital. For the religious part of this preparation there is a separate institute or hospital where the students reside. This is under a spiritual director who exercises the power of receiving and dismissing students.

As a secondary aim the medical institute provides special courses in nursing for Brothers and Sisters, and also brief courses for missionary priests. These courses are given with the coöperation of the St. Julius Hospital.

If a student wishes to become a member of the institute, he should establish a connection with some missionary society in order that he may be assigned to his possible future district or country of activity. This connection may also be obtained through the institute.

Before a student is admitted to the institute he has to present to the rector the certificates of his past studies, of baptism, and of health, also a recommendation of his pastor and a written declaration that he is ready to make the solemn promise which shall be demanded of him by the institute.

The examination of fitness for tropical climes is reserved by the institute.

The members of the institute shall, after serious consideration, having made a spiritual retreat, and having received the sacraments, make at the foot of the altar a solemn promise to the respective mission they wish to serve, that they will devote for at least ten years, all their knowledge and service to that mission gratis, and be satisfied with the future heavenly reward. The Mission Society is held responsible to provide the medical staff with all the necessaries of life according to a written contract between the respective parties.

This solemn promise, however, does not pertain to such income or remuneration as a doctor may receive through private practice among the natives, if by such private practice the main work for the missions is not neglected. Particulars as to this question may be provided for in the contract.

In case the doctor does not fulfil his solemn promise he is to guarantee in writing on the day he makes his vow, that he will compensate the institute and Mission Society for all the money spent on him during his studies, travels, provision, etc.

Certificated and approved doctors may pledge themselves for fewer years of service.

The members of this institute utilize their time of preparation in holy zeal and retirement as the

apostles did under their Divine Master. Besides the acquirement of solid medical knowledge they strive to become men and women of solid character. To accomplish this they make frequent use of the sacraments and attend Mass if possible also on week days, and now and then pay a visit to the Blessed Sacrament.

Morning and evening prayers are held in common, as also the meals. During the meals some time is devoted to reading on practical subjects pertaining especially to mission work.

On Sundays the students have a mission conference which closes with a mission devotion.

I refrain from comment at present as to the pros and cons of this plan of action. However, it is a beginning in the right direction and may be a guide to us to form a similar institution.

They also organized a society for the purpose of creating funds for the support of mission doctors. Any Catholic may become a member; the annual dues are 25 marks, and 10 marks for students (according to the value of exchange in 1921). The official staff consists of a president, secretary, treasurer, and twelve members selected from the various branches scattered throughout the country. To this central staff belong also the president and secretary of the St. Xavier's Society, of the Louis Society of Munich, and of the German Association of Superiors. The society has six main branches according to the provinces of the

country, and each branch has again its own officials. They issue a paper entitled "Zeitschrift fuer Missionærztliche Fuersorge," which appears twice a year.

This society follows somewhat the lines of the Association of "Alma Redemptoris Mater," conceived by Dr. Margaret Lamont, which has been urged constantly by her. It has seemed to the members of this Board, however, that there are difficulties in the way of the inauguration of such a society in America, or of attempting such an organization for supplying the medical personnel for missions under American control. An outline of these reasons, followed by a tentative plan of action as suggested by the Board, may be helpful.

Both the Wuerzburg society and the Association of Alma Redemptoris Mater presuppose to a large extent both a lifetime service and, if not an obligation of celibacy, at least they practically make this state necessary for the continuance of active work in the field. To make these conditions a necessity in our American work is felt to be undesirable. It is quite possible and most probable that many of our young American men and women who look toward the practice of medicine, first as a humanitarian agency of the highest order, and secondarily, as a calling which will be of the greatest assistance in the mission field, should wish to associate themselves in some such band as Dr. Lamont has suggested, and there is

no reason why it should not be done. Indeed, there is every reason to encourage it, but to demand it seems undesirable. We feel that there are plenty of our young people who will take up the challenge of the mission field, who will want to use their professional skill as an auxiliary method for saving souls. But those of them who have no vocation to anything like the religious life will desire to establish for themselves good Catholic homes and to lead edifying lay Catholic lives, the more so because they are living in the midst of pagan surroundings and will therefore give added emphasis by the character of the homes they maintain to the teachings of the missionaries themselves. Again there may be some, filled with zeal for the cause, who do not yet feel that they can devote their whole lives to it, but are willing to volunteer for a term of service. Such we desire to see in the work, feeling confident that whether they return after their first assignment or not, they will never again be apathetic regarding the needs of the missions, but will remain always their enthusiastic promoters.

CHAPTER VI

THE FIELD AT HOME

It is true that the surveys which have been incorporated in this work have dealt with what is commonly called the "foreign field," and that the emphasis has been placed upon medical mission works in lands geographically and racially far separated from our own. In these regions the question of sending medical personnel has had the twofold aspect of an adjunct to the health of the evangelistic missionary and of a means for commending their mission to the native populations. Hence it had both its utilitarian and its spiritual side. Moreover, the picturesqueness (on paper) of remote regions and the love of adventure make a strong appeal to the young man or woman, taking up this great profession, who desires to render to God and His Church some years at least of his or her life. And it is well that it should be so. There is nothing which the members of this Board desire more than that the thought of foreign service shall occupy a high place in the minds of our Catholic medical students and nurses in training. But the high esteem

in which all right-thinking Catholics hold the foreign missions does not blind them to the fact that right at home there is a vast field in which medical missions can play a large part.

The Catholic Hospital Association of the United States and Canada is no experiment and is no stranger to our people. It is estimated that sixty per cent of the beds in hospitals in this country are in Catholic hands, and benighted indeed is that community which has not within comparatively easy reach a Catholic hospital of some sort. These centers of mercy do a quiet, unobtrusive missionary work, winning to a favorable attitude multitudes who might otherwise be enrolled in the ranks of the Church's bitter enemies. Nor is their direct convert-making power negligible. Even the Federal Government and many municipalities have recognized the thoroughness of work and the careful administration that is associated with the Sisters, and numerous instances can be adduced where these are employed in preference to a secular staff, purely on the grounds of economy and the rendering of a more satisfactory standard of service.

The physician or nurse whose lot is cast in one of our Catholic hospitals may have no little opportunity for a missionary service, albeit of an indirect character. The true Catholic life, led without ostentation, but without fear or compromise, is in itself a sermon to the outsider, and may, under

some circumstances, be the means of leading a soul to Christ. In this chapter, however, it is not our purpose to consider mainly those who are so placed, nor to think of setting up work in a hospital at home, as on a par with service among the ailing multitudes of heathenism. Yet there remains in this country a great opportunity, and one which is practically untouched so far as the Catholic Church is concerned. I refer to the need for what might be called "medical missions" among newly immigrated foreigners, among the negro populations of the South, and among the pitiful remnant of our aboriginal Indians, with special emphasis, indeed, upon the Indians.

The "foreign" population is, perhaps, largely to be reached by the ordinary social service agencies in our cities, for in the United States, at least, this element has not become rural to any appreciable extent, and except for what might be done by the Catholic doctor or nurse who happened to be working among them, little in the way of special "missionary" work would seem to be possible. It is quite true that foundations designed to provide medical attention under Catholic auspices with the purpose of keeping these people—too often the prey of proselytizers—in touch with their traditional Faith, would serve a useful purpose, and should be encouraged, but that need is perhaps not so urgently imperative. The same thing is true to a large extent of the negro race, for almost

everywhere that the Catholic hospital exists provision is made for the admission of colored patients, and the contact with the Catholic Sister, nurse, priest, or doctor is all that could be given under any circumstances.

The real place for mission service of a medical character in our home land comes, however, among the Indians. This vanishing remnant of the race which once held undisputed sway over this continent has been exploited by unscrupulous white men, crowded off its lands where they have proved of value, cheated of its inheritance, given the vices of the white man, yet in many cases left singularly destitute of instruction in knowledge or in the religion which he professes. In not a few instances we must ruefully admit that government agents have been the instruments of bigotry and religious hatred, and have deliberately discouraged and, so far as possible, forbidden religious training for these unfortunate wards of the nation. However, the Catholic Church has done what she could in supplying their needs, spiritual and educational, and the Bureau of Catholic Indian Missions, under the late Monsignor Ketcham and his successor, Father Hughes, has done and is doing a great work in seeing that the Indian receives his due both from Church and State. Annual collections are taken up in all our churches for this people, and the heroic and effective work done for them by Mother Katherine Drexel and the Sisters of the

Blessed Sacrament is too well known to all Catholics to need elaboration here.

As has been the history of the development of Christian missions generally, there has not been a great deal done thus far in the way of medical mission work among the Indian people. This is partly due to the fact that the government has made some provision along this line, and partly, perhaps mostly, it has been due to our well-known reticence in inaugurating this branch of the Church's work. But the time would seem to be ripe for an advance, and it should be possible a few years hence to record at least the beginnings of Catholic Indian hospitals, places where the physical ills of this magnificent people can be cared for, while other devoted servants of the Lord are engaged in ministering to them in spiritual maladies. And this at least we owe to the American Indian, for much of his physical deterioration has been brought upon him by his contact with the white man, by his change of life-habits, and by the regulations imposed upon him by the dominant invader.

Just at present this Board has no definite offer to make to those whose interests might lead them in this direction; that is, it cannot guarantee them the opportunity that it can elsewhere. Nevertheless, if there ever was a call for pioneers, for the adventure of faith, it is here, and surely the race which produced Kateri Tegakwitha is worthy of

a place in our charity. It has been mainly to call attention to these possibilities which lie before us that this chapter has been added to our work. It opens before our imagination an illimitable field and we feel quite confident that it will bring home to the minds of our readers a strong sense of responsibility. Just how this shall become a reality is left to them to say. We have pointed the way. In it, others following, will come to the goal—the making of Christ's Church known to all men by all means, and not the least of these means is in the art of healing in His name.

CHAPTER VII

NON-CATHOLIC MEDICAL MISSIONS

It is generally conceded that in the way of material equipment modern Protestant missions greatly excel our Catholic ones. They usually have more money at their command and they administer their affairs with a good deal more of what the world calls "business ability." This is one reason. Another, which leads directly to the first, is that the majority of non-Catholic missions are English or American in origin, whereas the greater portion of the missions established by the Catholic Church have been staffed and managed by French, German, or Italian missionaries. When an occasional American has gone into the foreign field he has gone under the auspices of a European society and his individuality as an American has been completely submerged. Without detracting in the least from the sterling accomplishments of these continental missioners, it is undoubtedly true that no European peoples except those of the British Isles, perhaps, do have exactly the same feeling with regard to material things that Americans do, or see any necessity for what to an American is part and parcel of his make-up.

The English Catholic body has done wonderful work at home, and in proportion to its numbers has not been behind in the foreign field, but it could not be expected to supply either personnel or financial support in large measure. Such great societies as Mill Hill, for example, do not find it possible to draw all their recruits from Great Britain alone, but after making all such allowances, English Catholicism has done wonderfully well. When we in America measure up proportionately, the story of Catholic missions will be a different and more cheering tale.

Modern missions are generally divided into three main departments, evangelistic, educational and medical. In the first of these Catholic missionaries outshine all others, even where their material resources are poor. Protestants seldom show the number of converts that Catholics secure, and in spite of some excellent non-Catholic mission schools, Catholic educational institutions succeed in imparting that firm foundation of morality and religion which is so characteristic of the church's system, thus laying the basis for true Christian life better than do those outside the fold.

Since we are admittedly ahead in these two particulars, why is it that we lag so far behind in medical missions? Is it that we have been so centered upon the world to come that we have forgotten that the pagan lives in this one? Have we forgotten that it is difficult for grace to begin its

Our Ladies' Home at Yeung Kong, directed by the Maryknoll Sisters

Sister Lawrence, O.S.D., with a native nurse.

work in a body diseased and full of pain, and that one of the credentials our Lord Himself gave His apostles was that they should "heal the sick?" Whether or not this is the cause, the effect is there, and we must realize that in many places we shall lose precious opportunities for winning souls if we continue to neglect the medical side of mission activity.

The necessity for work along these three-fold

Doctor O'Connor, physician at St. Ann's Hospital, Kumbakonam, in the dispensary.

lines is apparent to every one who gives the subject any thought. The position of the missionary physician is well stated thus:

"The missionary doctor is the incarnation of one very essential element in Christianity, the ministry of intelligent mercy. A race of people who lack an ideal of mercy as applied to the comfort of the aged, the defective, and the afflicted, can make little progress along any intellectual or spiritual line."

The "Service Calls" of the Student Volunteer Movement for 1923 set forth urgent need for thirty-seven physicians, of whom twenty should be women. They are desired to be placed as follows: four men and four women in China; one man and thirteen women in India; two men and one woman in Africa; two women in Korea; one man in Siam; three men in Persia; and three men for South American hospitals. According to available statistics for China alone, Protestant missions are credited with 320 hospitals and 318 dispensaries, staffed by 270 foreign men physicians, 181 foreign women physicians and 162 nurses, assisted by 212 Chinese physicians and 895 native nurses. In connection with these are twenty-one medical schools and sixty-five schools for nurses having respectively 452 and 715 students. These are, of course, one great hope for the future of their missions. A group of native practitioners imbued with Protestant doctrine, who by precept and example are

preaching it among their pagan neighbors, is thus being brought into being.

Catholic medical activity is reported to embrace 100 hospitals and 400 dispensaries, but many of the former are little more than infirmaries attached to the missions, and not a few of the latter are merely the missionary's medicine shelf re-

Nursing Sisters of Kattayam at work in their dispensary, China.

served for the worst cases among his flock. No mention of missionary physicians is made at all, nor is the number of nurses given, but it is safe to say that they are very few. Although the hospital of the Columban Fathers at Han-Yang is being conducted along modern lines, in many cases medical aid is merely dispensed by a nun with training as a nurse, or a mission priest upon whom neces-

sity has laid the burden of this work. The latter undertakes to treat the ills of his flock because charity allows him to do no less, but he has to place the burden of recovery upon the mercies of God, rather than to trust in his primitive means of cure.

Protestant mission personnel is of no second-rate order. As a rule physicians must be graduated from Class A medical colleges and must have had a year's internship. The nurses are expected to be graduates of a training school qualifying them for the rating of registered nurses. If they have had additional experience either in their profession or along educational lines, so much the better. In the case of both the doctor and the nurse there is no room for the half-educated, unsuccessful, or merely enthusiastic person who has not the sound qualities and the poise of character which make a good missionary.

Confining ourselves to China again—for which country alone I have complete and accurate figures—we find that the previously enumerated non-Catholic medical agencies treated the astonishing number of 1,440,461 persons; 29,675 major operations were performed, and the missions themselves made practically self-supporting (outside of foreign workers' salaries) by Chinese contributions amounting to $862,086. Were statistics at hand, similar conditions would be found in practically every mission field. The medical mission-

ary is welcomed where the evangelist is driven out and where the schoolmaster is not particularly wanted. Man may be careless about his soul, or about the development of his mind, but he seldom ignores the ills of his body, and one who comes to him with relief for these will stand a good chance of being heard when he presents religious matters.

As regards salary, allowances, furlough, etc., the status of the medical missionary with most, if not all, Protestant boards, is substantially the same as that of the missionary who goes out in any other capacity. With reference to the spiritual side of his calling, the Methodist Episcopal Board in its Personnel Manual says, "He has little time, as a rule, for sermons or religious addresses, yet because of the exceptional opportunity which he has for breaking down prejudice and of reaching religiously those he is called to serve, he should be a man of definite spiritual and religious experience and purpose." In other words, he is to do just what a consecrated layman ought to do everywhere—apply his Christian experience and life to every-day works.

It is significant that non-Catholic mission organizations without exception consider such example worth paying for, and that coupled with the requisite professional skill, such a man is looked upon as one of the greatest "drawing-cards" a mission can have. Instances almost without number could be adduced where the evange-

list's work has been made possible only because the medical missionary preceded him. Sometimes the most inaccessible strongholds of paganism are opened to the heralds of the cross by this means. Lhasa, the "forbidden city," was entered first in modern times by a Protestant medical missionary whose work so pleased the Dalai Lama that he was personally invited to come to see what could be done for the physical well-being of his people. This same devoted missionary doctor afterward sealed his faith with his blood when set upon by Chinese bandits as he was returning from Thibet.

It is quite true that in some instances non-Catholic medical missions are of a purely humanitarian order and that all reference to their being aids in a supernatural work are forgotten. This would be the inevitable result of the naturalistic policy and the rejection of the miraculous which is so prevalent in present-day Protestantism. Some fear has been expressed lest Catholic medical missions fall into this same difficulty, but that, to my mind, seems most unlikely. The Catholic physician or nurse, trained in the Catholic respect for the priesthood, will not be under the temptation which must be constantly present to the pious non-Catholic, who often sees in his minister only a "preacher"—and perhaps not so effective a one as he knows himself to be—to try to usurp the functions of the evangelist. Medical missionaries in Catholic missions will always realize that (1)

they are not the directors of the missions, (2) that they have not the grace of Holy Orders or the sanction of religious vows, and (3) that like the lay worker in any capacity in the Church, they

Father Dietz, A.F.M., and the leper catechumen in Tungchen.

are called to be auxiliaries to the greater work of soul-saving in which the clergy must be the leaders. This does not, however, restrict the sphere of their activity, but on the other hand, by clearly defin-

ing the scope of their mission, frees them from the jealousies which spring up in the Protestant system, and enables them to become most valued coadjutors to the missionary priests.

It does not fall within the scope of this article to outline what the missions of the Catholic church need to do with reference to this most important branch of missionary service to mankind, nor to point out what to adopt in these non-Catholic methods in order that we may do our duty by our own. But in the face of the fact that we have thus far done practically nothing, that our best known and most zealously interested Catholic medical missionary, Margaret Lamont, would long since have starved to death, for all the aid the agencies of the church have given her, it does behoove those of us who have the matter at heart to outline some plan, to put it into operation, and to learn by experiment what changes may later be necessary. Anything is better than nothing, and we cannot longer escape the charge of standing by and watching the world's misery, looking on the place where it lies physically wounded, and passing by on the other side. The very least we can ask is that the cause for such a charge be eliminated, and that much we do demand of the American Catholic church and those who are responsible for its missionary policy. We cannot believe that they will fail to respond.

CHAPTER VIII

A SUGGESTED PLAN OF ACTION

In the year of Our Lord, 1622, Pope Gregory XV established the Sacred Congregation of Propaganda, the Propaganda Fide, the formal organization of the priesthood in the cause of the missions. In the year of Our Lord, 1822, exactly two hundred years later, there was established in France a work destined to become the chief support of the missions, an expression of the layman's response to this obligation, the Society of the Propagation of the Faith. In the year of Our Lord, 1922, exactly three hundred years later, the medical thought of the Church as expressed by the Catholic hospitals of the United States and Canada, assembled in conference in Washington, placed itself on record as approving the cause of the medical missions, appointing a committee to consider the work and to prepare a plan of action.

Such a plan was worked out by the indefatigable chairman of the committee and was proposed by him at the meeting held in September, 1923. This was further discussed at the meeting of April, 1924, and while not adopted in every particular it was determined to carry forward along

its lines. The results of these deliberations and of the sober second thought of the members of the Board are given herewith in the hope and expectation that they will arouse in our American Catholics the desire to assist in this great mission and at the same time stimulate them to give consideration to ways and means for its furtherance. No one is more aware than the members of the Board that these plans may be improved, that much that is suggested may have to give way to better suggestions, and none will more sincerely welcome constructive criticism of the matters here presented.

It was determined that the first work under the plan was to be *educational propaganda*. As in any mission enterprise, those whom we would interest must first be informed. "How shall they believe except they hear?" The Catholic public and especially that part of it which is concerned with medical work must be put in possession of the facts pertaining to the missions—their location, their peculiar problems, the opportunity for medical mission work, and what is being done to supply the need. These facts as now obtained from first-hand observation, from a careful study of the situation through questionnaires and in other ways, must be placed in the hands of doctors, nurses, and hospital authorities. It was determined to request the coöperation of the last named in allowing space on their bulletin boards for ac-

counts of mission activities, in forming among student-nurses units of the Catholic Students' Mission Crusade, in encouraging the missionary spirit in all its personnel. The interest of interne physicians is to be sought in the ways above-mentioned, and in addition the support of retreat masters who may have the privilege of giving retreats to fourth-year students in our Catholic medical colleges, and the aid of lectures by medical men who are qualified for such a task.

Next to the matter of educating our people to understand the work, the matter of supplying personnel for medical missions has been regarded from the beginning as the great work of this Board, and while very definite suggestions in this regard have been made, it has been thought best to leave each mission society to make known its needs and conditions, leaving to the Board the task of finding persons suited to the situation presented. The only things which the Board has felt must not be compromised in making the selections are these:

For physicians (men or women) who wish to serve, especially in the foreign field, it shall be required that they be (1) graduates of recognized medical schools; (2) they must be licensed to practice medicine in at least one State; (3) they must have had two years' hospital work, including general surgery; genito-urinary; gynecology; medicine; skin diseases; eye, ear, nose and throat;

three months in obstetrics, and a course in tropical medicine. This last is indicated, if possible, but may not be made a *sine qua non*. The applicant must be in good health, and must make his application one year in advance in order that his moral and spiritual fitness for the work can be better determined by a careful observation. For trained nurses these last conditions will also prevail, but in place of the special requirements for physicians it is provided that they shall be registered in at least one State, and be graduates of schools recognized for that purpose.

It will be seen from the above that no second-rate persons need apply, that no mere sentimental desire to see the world, or even to do mission work, can suffice unless it is coupled with sound professional ability. Let this be ever kept in mind. Here is an opportunity to assist the Catholic Church in its most important work, and it is an opportunity which any right-minded Catholic may well covet. The acceptability of any particular candidates for the work, or of any candidates for a particular field, will in every instance, have to be determined by the society under which the applicant will work. This is necessary since it must never be forgotten that the medical missionary does not go out independently, or merely to practice the healing part, but to work with, and in subordination to, the spiritual authorities of the mission.

Another phase of the Board's activity will be, in due time, to face the question of organizing the medical missionaries. Those who have followed the genesis of this Catholic medical mission movement will remember that our veteran missionary, Doctor Margaret Lamont, has always been strongly in favor of this idea, and while it has not seemed feasible to the Board to urge it at this time, it is one of the things which may well be kept in mind. From her quarter of a century's experience in heathen lands, Dr. Lamont knows the dangers, moral, spiritual and even physical, to which the medical missionary (especially the woman doctor) is exposed, and the consensus of opinion among mission heads seems to be that some sort of protection for them is needed. It is not desired that they shall be "religious"—the disabilities put upon them by Canon Law would then largely vitiate the very purpose of their going, but society of their own, if not *a* society, they must needs have. The pioneers will likely not have it to any great extent. The call then is for persons who can stand loneliness, misunderstanding, apparent lack of appreciation, and hardship for the sake of Christ and His Church. Will such recruits be forthcoming? Knowing the mettle of young America, I unhesitatingly answer, "Yes!"

But there may be, and likely will be, those who feel this call and are willing to make this sacrifice,

who yet cannot wholly finance the long course of preparation necessary. Professional standards become more and more exacting, and education becomes a greater expense every year. How shall worthy candidates be assisted? While this Board has no desire to become a collecting agency, it would seem as though it might serve as a depository for scholarship funds which could be allotted to needy students who intend to devote themselves to the medical missions, with the understanding that once they received their training, they would be pledged to a certain term of service, and perhaps under certain conditions to a return of the funds loaned them. The details of such a plan could be worked out later, the mere suggestion is here made, hoping that it may fall "on good ground" and bring forth fruit.

As a specific method of offering help to the Board's work, the following—an editorial from *Hospital Progress*—seems very much to the point here. It is easy of accomplishment, and would probably produce sufficient revenue for the Board's ordinary needs. The editorial, written by a priest whose zeal for the cause is known the country over—the Rev. Edward F. Garesche, S.J., is as follows:

"It is an old observation that to give help to missions brings an especial blessing. Even struggling and poorly supported parishes are sometimes recommended to be generous out of their

means to missions, and are promised that this heroic generosity will bring a hundredfold in return from God in the way of help and blessings. Parishes and schools which help missions find their spirit of generosity increased and strengthened for the aid of other activities closer at home. In a word, the mission spirit is a powerful tonic for the Christian life in all its manifestations.

"Our Catholic hospitals will thus do well, even for their own sakes, to take a leading part in the widespread movement for the benefit of missions which is now afoot in this country. They are able to do much for struggling missionaries, for the mission schools, for missionary Sisters. But especially the growing number of hospitals in mission lands calls for the effective aid of our well-established and prosperous hospitals here in America.

"In mission lands the Sisters who are conducting hospitals have to face conditions far different from those with which we are familiar here. True, the problems of standardization do not vex them overmuch, but it is a question how to obtain the material equipment necessary for the bare upkeep of the hospital. Bandages and dressings are wanted; instruments and supplies discarded because they are looked on as obsolete would be eagerly welcomed and put to excellent use in those less favored institutions on the frontiers of the faith.

"One suggestion which we offer to our Catholic hospitals as an excellent means of systematizing and ensuring their work for the missions, is to 'adopt' a mission hospital, undertaking to aid it in a special way and to supply its needs so far as opportunities allow. The nurses' sodality may well be made the means of managing this work, and certain of the members, with a Sister to aid them, may be delegated to collect dressings and bandages, instruments and equipment, and send them to the hospital chosen as the 'ward' of the sodality in question. The offerings made by student and graduate nurses according to their respective ability may also be sent to the mission hospital, and perhaps in course of time the interest thus aroused may extend to the friends of the hospital and thus secure for the mission enterprise more effective assistance. All this will bless not only the missions but the hospital which undertakes so holy a work. The quality of mercy 'blesses him who gives and him who takes,' and never is this more true than in the case of those who are merciful to the needy and deserving missions."

From the above it will be seen that the Board is undertaking a project of the greatest possibilities, one which may grow to vast proportions, and for the successful issue of which they feel they have the right to expect a full measure of support from all who profess the Catholic name. We make

our appeal in all confidence that it will meet a hearty response and that it will be but a few years before the command to "heal the sick" will be obeyed by Catholics in the same heroic measure which they have always given to the command to "preach the Gospel," and that countless thousands of souls may be presented to Christ, whose first knowledge of Him came through the ministrations of mercy they received at the hands of Catholic Medical missionaries. God speed the day! *Consolatrix afflictorum, ora pro nobis!*

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